

Region 2000 (PDC 11) Coordinated Human Service Mobility Plan

Counties: Amherst, Appomattox,
Bedford, and Campbell

Cities: Bedford and Lynchburg

June 2008

prepared for

Virginia Department of Rail and Public Transportation

prepared by

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**Region 2000 (PDC 11)
Coordinated Human Service Mobility Plan
June 2008**

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I. Executive Summary

This Coordinated Human Service Mobility (CHSM) Plan is prepared in response to the coordinated planning requirements of SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users, P.L. 190-059), set forth in three sections of the Act: Section 5316-Job Access and Reverse Commute (JARC), Section 5317-New Freedom Program and Section 5310-Elderly Individuals and Individuals with Disabilities Program. The coordinated plan establishes the construct for a unified comprehensive strategy for transportation service delivery in the Region 2000 PDC (PDC 11) region that is focused on unmet transportation needs of seniors, persons with disabilities, and individuals of low income.

This CHSM Plan details the coordinated transportation planning process for PDC 11, and includes the following four required elements:

1. An assessment of available services identifying current providers (public and private).

Information on available transportation services and resources in PDC 11 is included in Section VI.

2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes – this assessment can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service.

For PDC 11, analysis of demographic and potential destinations is included in Section V, and assessment of unmet transportation needs and gaps is contained in Section VII.

3. Strategies and/or activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery.

The 12 strategies identified during the planning process are located in Section VIII.

4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

The prioritized strategies and projects for implementation for PDC 11 are included in Section IX.

Approach to the CHSM Plan

Ultimately, the CHSM Plan must:

- Serve as a comprehensive, unified plan that promotes community mobility for seniors, persons with disabilities, and persons of low income;
- Establish priorities to incrementally improve mobility for the target populations; and
- Develop a process to identify partners interested, willing, and able to promote community mobility for the target populations.

To achieve these goals, the planning process involved:

- Quantitative analyses to identify resources, needs, and potential partners;
- Qualitative activities including public meetings with major agencies and organizations funding human services, with representative direct service providers, and with consumers representing the target group constituencies; and
- An inventory of available public transit services, undertaken to provide initial informational tools to the target populations and their representatives.

In addition, this plan includes information on an ongoing structure for leading CHSM Plan updates and facilitating coordination activities in the region.

II. Introduction

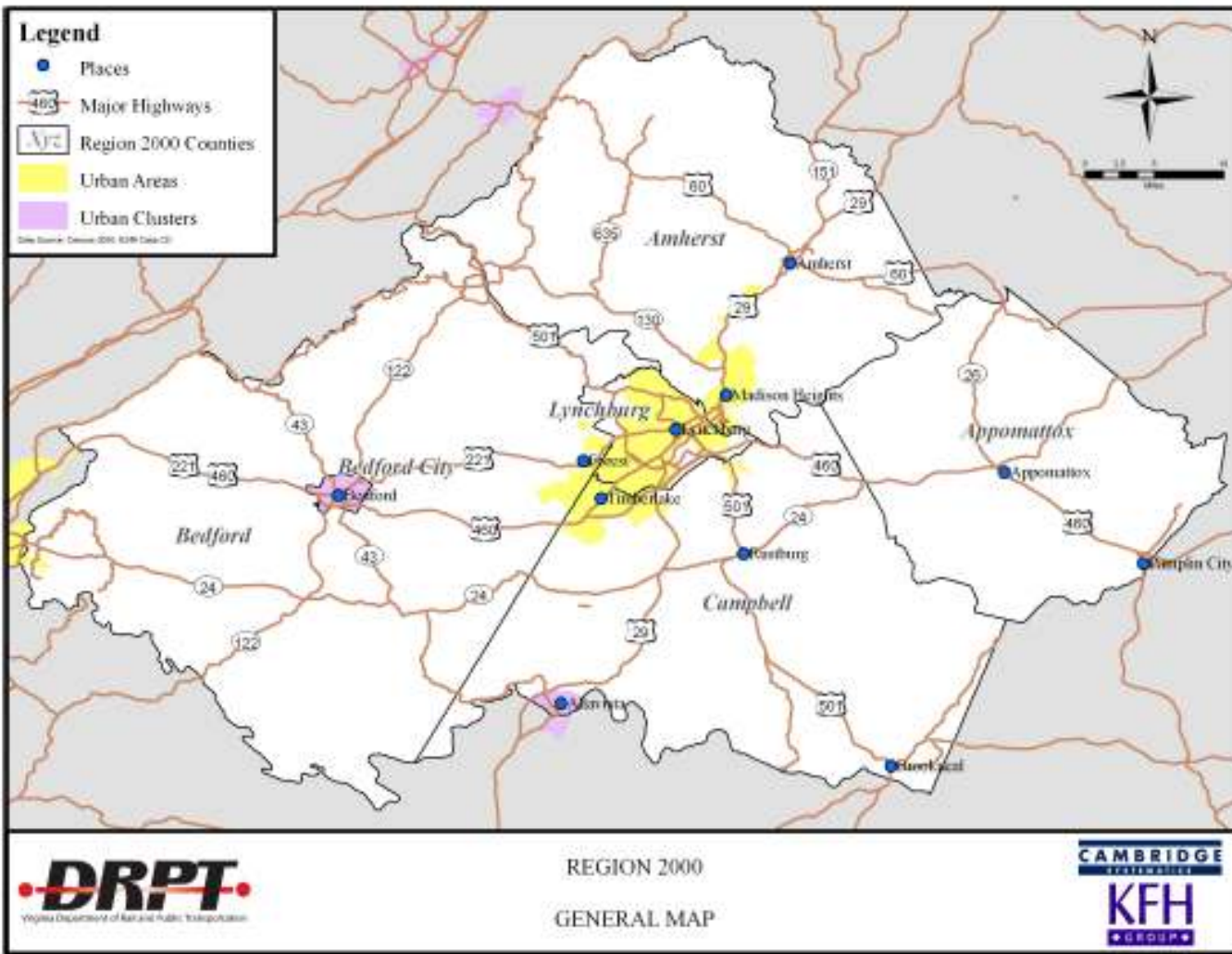
The Federal legislation that provides funding for transit projects and services includes new coordinated planning requirements for the Federal Transit Administration's (FTA) Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (JARC) and Section 5317 (New Freedom) Programs. To meet these new requirements, the Virginia Department of Rail and Public Transportation (DRPT) undertook the development of CHSM Plans for rural and small urban areas of the Commonwealth. While these plans focus on the elements of the FTA coordinated planning requirements, as suggested by the title, these plans also take a broad view of the mobility issues faced daily by older adults, people with disabilities, and people with lower incomes in Virginia.

The CHSM Plans are organized geographically around 21 Planning District Commissions (PDCs) throughout the Commonwealth. The PDCs have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional scale.

This CHSM Plan is for the Region 2000 PDC (PDC 11). Shown in Figure 1, PDC 11 is located in the central part of the Commonwealth, and includes Amherst, Appomattox, Bedford, and Campbell Counties and the Cities of Bedford and Lynchburg. Aside from the Cities of Bedford, Lynchburg, and Altavista, PDC 11 is rural in nature with scattered populations and dispersed destinations, presenting distinct transportation needs for older adults, people with disabilities, and people with lower incomes.

The plan development featured continuous input from local stakeholders. A series of workshops was conducted to gather input on unmet transportation needs and issues, and to reach consensus on specific strategies to address the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. More information on outreach activities is included in Section IV.

Figure 1. Geography of Region 2000 (PDC 11)



III. Background

In August 2005, the President signed into law SAFETEA-LU, legislation that provides funding for highway and transit programs. SAFETEA-LU includes new planning requirements for the FTA's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (JARC), and Section 5317 (New Freedom) Programs, requiring that projects funded through these programs "must be derived from a locally developed, coordinated public transit-human services transportation plan."

In March 2006, the FTA issued proposed circulars with interim guidance for Federal FY 2007 funding through the Section 5310, JARC, and New Freedom Programs, including the coordinated planning requirements. Circulars with final guidance were issued on March 29, 2007, with an effective date of May 1, 2007. The final guidance noted that all grant funds obligated in Federal FY 2008 and beyond must be in full compliance with the requirements of these circulars and the coordinated plan requirement¹. As the designated lead agency and recipient of Federal transit funds in Virginia—including the Section 5310, JARC, and New Freedom Funds—DRPT led the development of CHSM Plans for rural and small urban areas to meet these new Federal requirements.

3.1 Coordinated Plan Elements

FTA guidance defines a coordinated public transit-human service transportation plan as one that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services for funding and implementation. In total, there are four required plan elements:

- An assessment of available services that identifies current providers (public, private, and non-profit);
- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes;
- Strategies, activities, and/or projects to address the identified gaps and achieve efficiencies in service delivery; and

¹ The final guidance from FTA on the coordinated planning requirements for the Section 5310, JARC, and New Freedom Programs can be found in the Appendix A.

- Relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

3.2 Funding Program Descriptions

Section 5310 (Elderly Individuals and Individuals with Disabilities)

The Federal grant funds awarded under the Section 5310 program provide financial assistance for purchasing capital equipment to be used to transport the elderly and persons with disabilities. Private non-profit corporations are eligible to receive these grant funds. The Section 5310 grant provides 80% of the cost of the equipment purchased, with the remaining 20% provided by the applicant organization. The 20% must be provided in cash by the applicant organization, and some non-transportation Federal sources may be used as matching funds.

Federal Section 5310 funds are apportioned annually by a formula that is based on the number of elderly persons and persons with disabilities in each State. DRPT is the designated recipient for Section 5310 funds in Virginia.

Section 5316 (JARC)

The JARC Program provides funding for developing new or expanded transportation services that connect welfare recipients and other low income persons to jobs and other employment related services. DRPT is the designated recipient for JARC funds in areas of the Commonwealth with populations under 200,000 persons. Projects are eligible to receive funding for both capital (80/20 match) and operating (50/50 match) costs.

From its inception in Federal FY 1999, the JARC program funds were allocated to States through a discretionary process. The SAFETEA-LU legislation changed the allocation mechanism to a formula based on the number of low-income individuals in each State. The legislation also specifies, through this formula mechanism, that 20% of JARC funds allocated to Virginia must go to areas with populations under 200,000.

Mobility management projects are eligible for funding through the JARC Program, and are considered an eligible capital cost. Therefore, the Federal share of eligible project costs is 80% (as opposed to 50% for

operating projects). Additional information on potential mobility management projects is included in Appendix B.

Section 5317 (New Freedom Program)

The New Freedom Program provides funding for capital and operating expenses designed to assist individuals with disabilities with accessing transportation services, including transportation to and from jobs and employment support services. Projects funded through the New Freedom Program must be both new and go beyond the requirements of the Americans with Disabilities Act (ADA) of 1990.

New service has been identified by FTA as any service or activity not operational prior to August 10, 2005 and one without an identified funding source as of August 10, 2005, as evidenced by inclusion in the Transportation Improvement Plan (TIP) or the State Transportation Improvement Plan (STIP).

Similar to the JARC Program, DRPT is the designated recipient for New Freedom funds in areas of the State with populations under 200,000 persons. Similar to JARC, a total of 20% of New Freedom funds are allocated to these areas. Projects are eligible for funding for both capital (80/20 match) and operating (50/50 match) costs. Also, like JARC, mobility management projects are eligible for funding and are considered an eligible capital expense.

An overview of these FTA Programs is included in Table 1.

Table 1. Program Information

FTA Program	Match Ratios
S. 5310 – Elderly and Disabled	<u>Capital Only:</u> 80% Federal 20% Local
S. 5316 – JARC	<u>Capital:</u> 80% Federal 20% Local <u>Operating:</u> 50% Federal 50% Local
S. 5317 – New Freedom	<u>Capital:</u> 80% Federal 20% Local <u>Operating:</u> 50% Federal 50% Local

Matching Funds for Section 5310, JARC, and New Freedom Programs

FTA guidance notes that matching share requirements are flexible to encourage coordination with other Federal programs. The required local match may be derived from other non-Department of Transportation Federal programs. Examples of these programs that are potential sources of local match include employment training, aging, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF).

More information on these programs is available in Appendix C, and on the United We Ride Website at <http://www.unitedweride.gov>. United We Ride is the Federal initiative to improve the coordination of human services transportation.

3.3 Coordination of Public Transit and Human Service Transportation in PDC 11

As part of its outreach efforts in the coordinated transportation planning process, DRPT hosted a series of regional workshops in each PDC. Details regarding the outreach efforts in PDC 11 are outlined in the next section.

The initial workshop included a discussion of current and potential efforts to improve coordination of public transit and human services transportation. Participants also discussed ways to improve mobility options for older adults, people with disabilities, and people with low incomes. This general discussion highlighted various functions to improve coordination of services:

- Goals of Coordination:
 - More cost-effective service delivery
 - Increased capacity to serve unmet needs
 - Improved quality of service
 - Services which are more easily understood and accessed by riders
- Benefits of Coordination:
 - Gain economies of scale
 - Reduce duplication and increase efficiency
 - Expand service hours and area
 - Improve the quality of service
- Key Factors for Successful Coordination:
 - Leadership – Advocacy and support, instituting mechanisms for coordination
 - Participation – Bringing the right State, regional, and local stakeholders to the table
 - Continuity – Structure to assure an ongoing forum; leadership to keep the effort focused, and able to respond to ever-changing needs

IV. Outreach Efforts

FTA guidance notes that States and communities may approach the development of a coordinated plan in different ways. Potential approaches suggested by FTA include community planning sessions, focus groups, and surveys. DRPT took a broad approach that would help ensure the participation of key stakeholders at the local level throughout the development of this plan. It included the development of an extensive mailing list, a series of local workshops, and numerous opportunities for input and comments on unmet transportation needs and potential strategies and projects to improve mobility in the region.

4.1 Invitations to Participate in Plan Development

The development of the invitation list for all potential regional workshop attendees capitalized on the established State Interagency Transportation Council, which includes the Departments of/for Rail and Public Transportation; Rehabilitative Services; the Aging; the Blind and Vision Impaired; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services; Social Services; and Health; as well as the Office of Community Integration (Olmstead Initiative) and the Virginia Board for People with Disabilities. Representatives of each agency were asked to attend at least one of the regional CHSM planning workshops, and to inform and invite other interested staff from their agency or agencies with whom they contract or work. In addition, special contacts by DRPT were made with each PDC Executive Director regarding the need for PDC participation, leadership, and involvement in the regional CHSM workshops. A presentation was also made during a conference of PDC staff to obtain input on the CHSM workshops and encourage involvement by the PDCs.

Key stakeholders throughout the Commonwealth also received digital invitations from Matthew Tucker, Director of DRPT. The invitation was forwarded to the Executive Director of all primary agencies responsible for providing or arranging human service transportation, and any entity that has previously participated in the Section 5310 Program.

Overall, eight broad categories of agencies received invitations (total number of agencies per category in the Commonwealth included in parentheses):

- Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs). These boards provide or arrange for mental health, mental retardation, and substance abuse services within each locality. (40 total)
- Employment Support Organizations (ESOs). These organizations provide employment services for persons with disabilities within localities around the State. (48 total)
- Area Agencies on Aging (AAAs). These organizations offer a variety of community-based and in-home services to older adults, including senior centers, congregate meals, adult day care services, home health services, and Meals-on-Wheels. (22 total)
- Public Transit Providers. These include publicly or privately owned operators that provide transportation services to the general public on a regular and continuing basis. They have clearly published routes and schedules, and have vehicles marked in a manner that denotes availability for public transportation service. (50 total)
- Disability Services Boards. These boards provide information and resource referrals to local governments regarding the Americans with Disabilities Act (ADA), and develop and make available an assessment of local needs and priorities of people with physical and sensory disabilities. (41 total)
- Centers for Independent Living (CILs). These organizations serve as educational/resource centers for persons with disabilities. (16 total)
- Brain Injury Programs that serve as clubhouses and day programs for persons with brain injuries. (12 total)
- Other appropriate associations and organizations, including Alzheimer's Chapters, AARP, and the VA Association of Community Services Boards (VACSB).

4.2 Regional Workshops

DRPT conducted an initial round of regional workshops throughout Virginia, and representatives of PDC 11 participated in the Blacksburg workshop on May 15, 2007. This workshop included an overview of the new Federal requirements and Virginia's approach, information on the

Section 5310, JARC, and New Freedom Programs, and a presentation of the Census-based demographic data for the region.

The workshop also included the opportunity to gain input from participants on unmet transportation needs and gaps. The majority of time in the workshop was dedicated to obtaining input on the local transportation needs of older adults, people with disabilities, and people with lower incomes, and on available transportation resources.

Participants from the Region 2000 PDC were invited to a subsequent workshop, held in Lynchburg on November 29, 2007. This workshop focused on potential strategies and projects to meet the needs identified in this plan, and the priorities for implementation. Participants provided comments on the proposed strategies, and approved the ones included in Section VIII.

A third workshop for PDC 11 was held in Lynchburg, VA on May 29, 2008. This workshop included a review of the April 2008 CHSM Plan and final agreement on the components of this June 2008 version. The coordinated planning participants also provided a more formal endorsement of the CHSM Plan that is detailed in Section X. The workshop also featured an announcement from DRPT regarding the next application cycle.

A full listing of workshop participants is included in Appendix D.

4.3 Opportunities to Comment on Plan

In addition to the comments obtained during the regional workshops, local stakeholders received preliminary portions of this plan to review, as well as draft versions of the entire plan. Their comments were incorporated into this CHSM Plan.

V. Demographics and Potential Destinations

To provide an informational framework for PDC 11's CHSM Plan, data on three potentially transit dependent populations and on potential destinations were collected and analyzed using Geographic Information Systems (GIS) and other data analysis tools.

5.1 Methodology

The process of assessing transportation needs was a multi-part effort that involved reviewing and summarizing the demographic characteristics of the PDC and the potential destinations, which reflect potential travel patterns of residents. To evaluate transportation needs specific to each population group, Census 2000 data for persons over age 60, persons with disabilities (age 5 and over), persons living below the poverty level, and autoless households were mapped. Autoless households are a helpful indicator of areas that are more likely to need transportation options because residents do not have access to a personal vehicle or cannot drive for various reasons.

The underlying data, at the block group level, for the potentially transit dependent populations and autoless households are included in Appendix E. Mapping the geographic distribution of each population segment helped to visualize the analysis of high, medium, and low levels of transportation need throughout the region. Numbers for these four population segments were then combined into aggregate measures of transportation need, and evaluated by both density and percentage of potentially transit dependent persons. This population profile was used to identify areas of the PDC that have either high densities of persons in need of transportation services or high percentages of the population with such needs. General population density was also mapped to compare the PDC's areas of high density with areas of high numbers of potentially transit dependent persons, portrayed in the maps for each population segment.

The results of the process are summarized in this section, and are intended to help identify major factors in the coordinated transportation planning process: 1) those geographic areas of the PDC that have high relative transportation needs, and whether these areas are served by existing transportation services; and 2) the potential destinations that older adults, people with disabilities, and people with lower incomes need transportation to access.

5.2 Demographics

Population Density

Population density is an important indicator of how rural or urban an area is, which in turn affects the types of transportation that may be most viable. Fixed-route transit is typically more practical and successful in areas with 1000-2000 or more persons per square mile, while specialized transportation services are usually a better fit for rural areas with less population density.

As shown in Figure 2:

- The vast majority of the region has a low-density population, with only a few areas with a population of over 500 people per square mile.
- Lynchburg is the only area that has block groups with more than 2,000 persons per square mile.
- Lynchburg, Bedford city, Altavista, Timberlake, Madison Heights, and Appomattox city also have population densities in the medium and low range, between 500 and 2,000 persons per square mile.

Number of Older Adults, People with Disabilities, and People with Lower Incomes

The numbers of older adults, people with disabilities, and people with lower incomes were mapped in Figures 3, 4, and 5, respectively. While these Figures are helpful indicators of the physical distribution of these population segments, it is important to remember that these numbers cover large areas. Therefore, density or a lack thereof will be important in considering the types of transportation that can best serve these populations.

As shown in Figure 3:

- Aside from small areas in Lynchburg and Bedford County, which are in the low range, the rest of Region 2000's block groups contain more than 100 older adults.
- The majority of the PDC region, including the entire City of Bedford, has a high number of older adults per census block group.

- Patches in the central belt of the PDC are in the medium range, with 100-200 older adults per block group.

As shown in Figure 4:

- A few areas southwest and north of Bedford city and some near Lynchburg, Amherst city, and Madison Heights have a high number of individuals with disabilities.
- The majority of Bedford, Campbell, and Appomattox Counties and southeast Amherst County are in the medium range with 100-200 persons with disabilities per block group.
- Northern Amherst County, eastern Appomattox and Campbell Counties, and patches in the central and western areas of the region have block groups in the low range with less than 100 persons with disabilities.

As shown in Figure 5:

- Amherst city, Bedford city, Lynchburg, Timberlake, Altavista, and southeastern Campbell County are among the areas with a high number of persons below poverty.
- Large portions of Appomattox, Amherst, and Bedford Counties have block groups in the medium range.
- Eastern Appomattox County and patches throughout the rest of the region have less than 100 persons below poverty per block group.

Autoless Households

Persons who have limited access to or ability to use a car rely on other transportation options, including public transit services operated in the region and on human service organization-provided transportation that is generally restricted to agency clients.

As shown in Figure 6:

- Amherst city, Lynchburg, Bedford city, and Altavista are the only places that have block groups with more than 100 autoless households.
- Appomattox city, Lynchburg, Altavista, and a small number of areas in Campbell, Bedford, and Amherst Counties have 50-100 autoless households per block group.
- The majority of the PDC, including nearly all of Bedford and Amherst Counties, has less than 50 autoless households per block group.

Ranked Density and Percentage

As described earlier, the numbers of older adults, persons with disabilities, persons below poverty, and autoless households were combined into an aggregate measure for transportation need. Because an individual may belong to more than one of the key population segments, the absolute numbers of these populations could not simply be added together to obtain a total number of transportation dependent persons. To minimize counting such individuals multiple times when considering all the population segments together, each population segment was ranked. Then all the rankings were summarized to ascertain the block groups' overall ranking for potentially transit dependent persons. This overall ranking was first done by density, which helps identify areas with high concentrations of persons who are likely to have transportation needs.

As shown in Figure 7:

- The highest concentrations of potentially transit dependent persons are in Lynchburg, Timberlake, Madison Heights, Bedford city, Altavista, and Appomattox city.
- The next highest ranking block groups are located near these towns, as well as in Amherst city, Forest, and Brookneal.
- The majority of the PDC is in the low range for relative transit need based on ranked density.

The block groups were also ranked overall by percentage. Unlike the density ranking that portrays the concentration of transportation dependent persons, the percentage ranking captures the proportion of people within a block group that likely has transportation needs. The percentage ranking indicates that there are potentially transit dependent persons throughout the region that may not live in dense clusters.

As shown in Figure 8:

- The results of this ranking show a greater distribution of block groups in the high and medium ranges.
- Amherst city, Appomattox city, Lynchburg, Bedford city, Altavista, southern Rustburg, and Brookneal are areas that have a high proportion of transit dependent persons.
- Except for patches in the eastern and western ends of Bedford County, southern Amherst County, and northeastern Rustburg, which are in the low range, the majority of the PDC has block groups with medium relative transit need based on ranked percentage.

Figure 2. Population Density

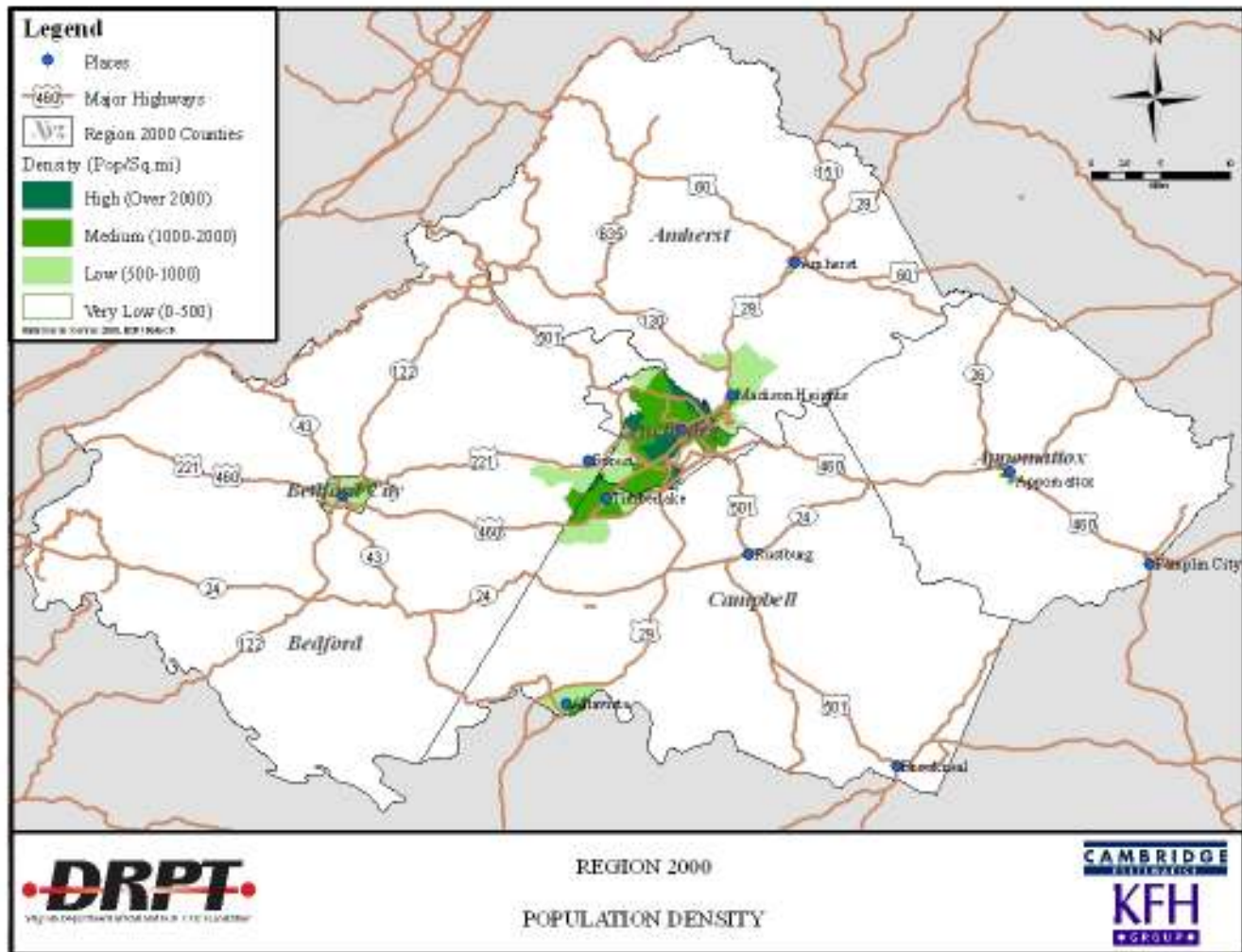


Figure 3. Persons Age 60 and Older Per Census Block Group

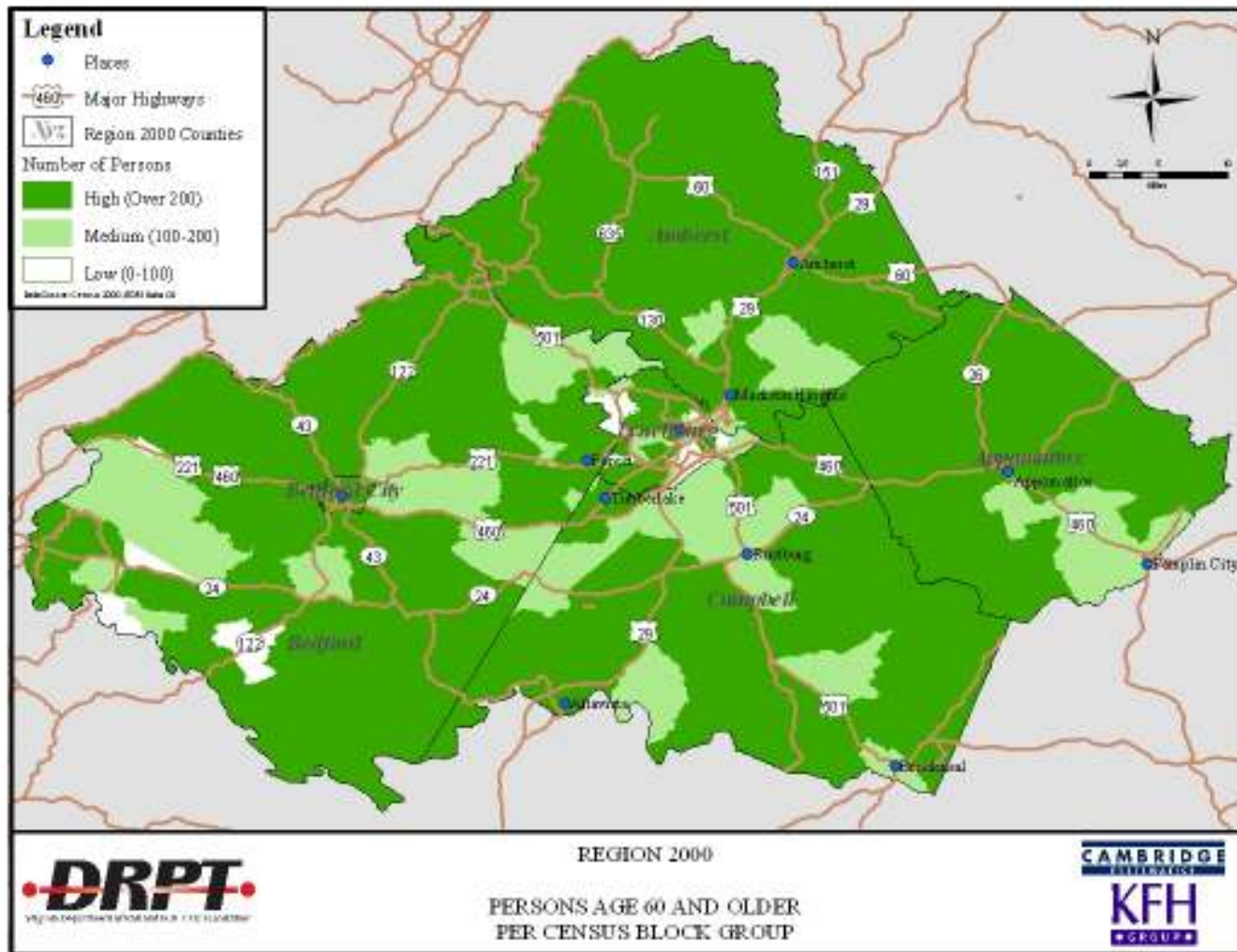


Figure 4. Persons With Disabilities Per Census Block Group

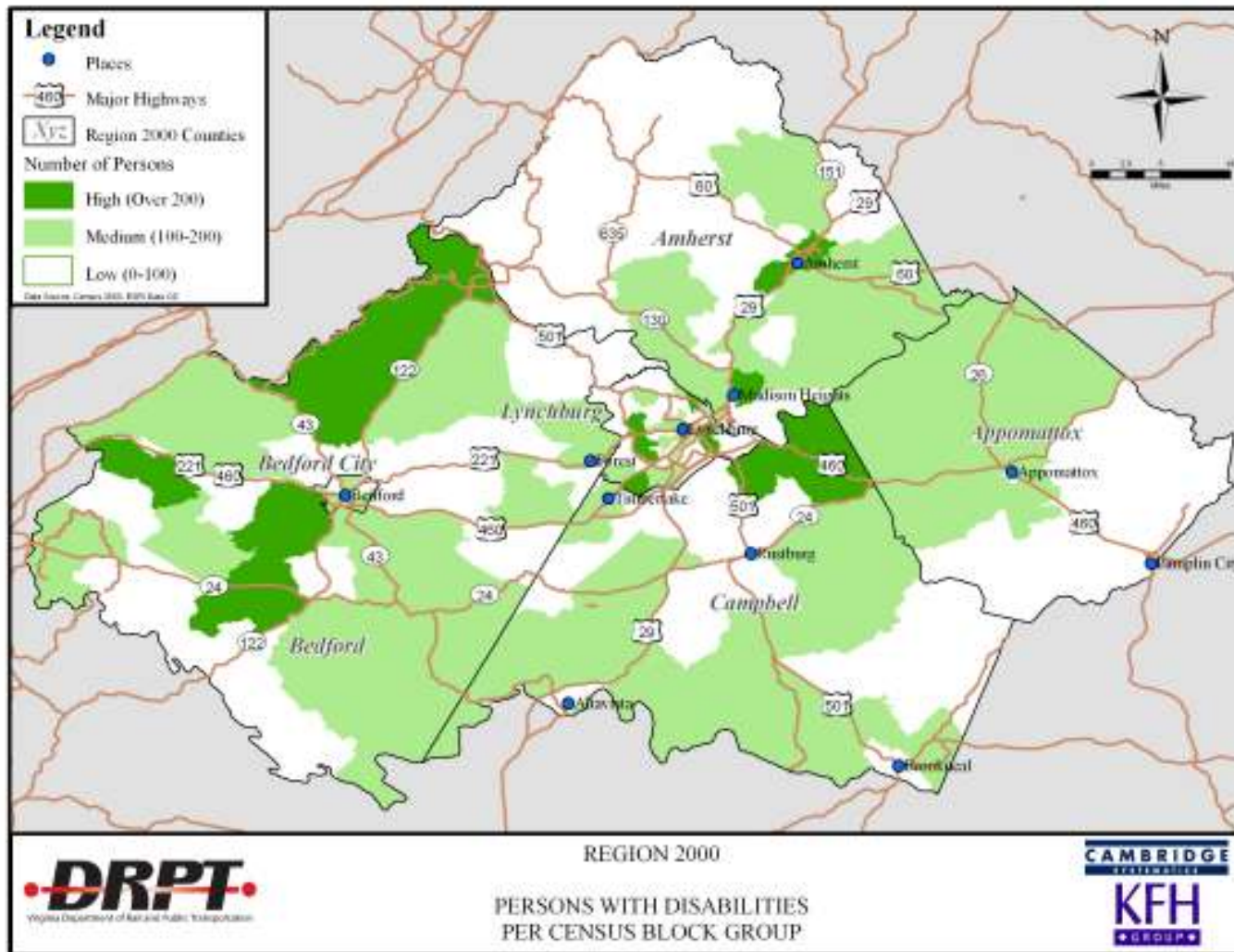


Figure 5. Persons Below Poverty Per Census Block Group

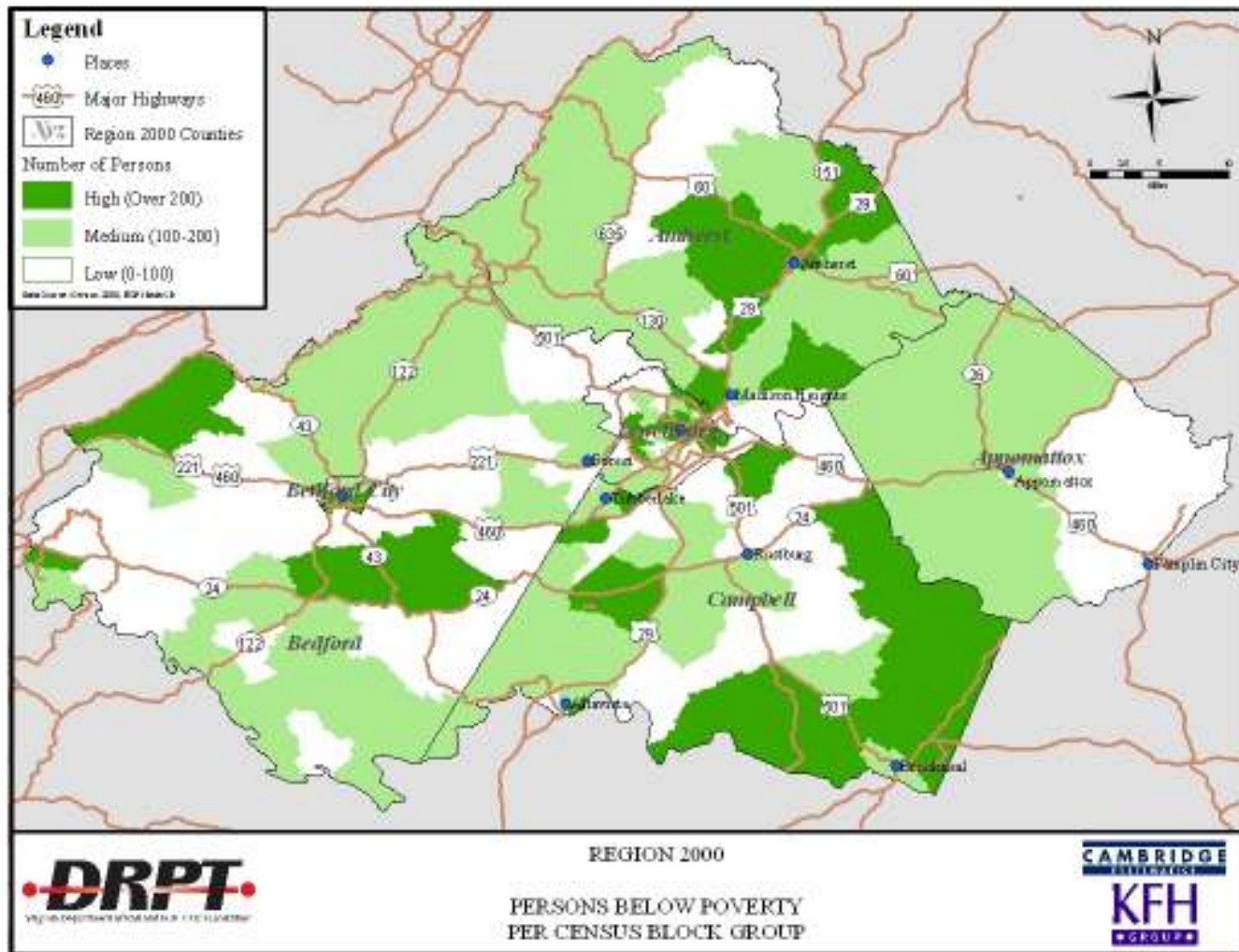


Figure 6. Autoless Households Per Census Block Group

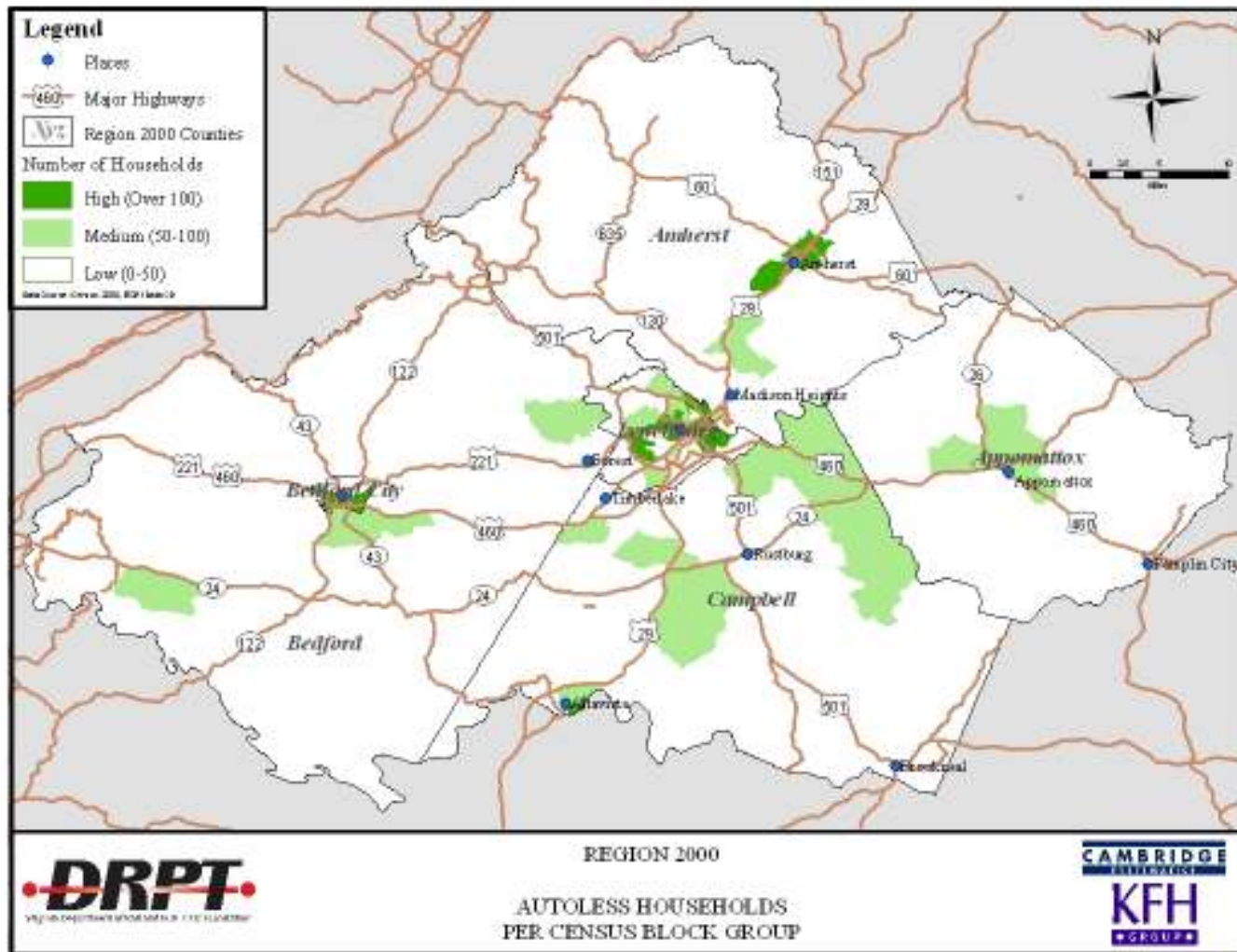


Figure 7. Transit Need by Ranked Density of Transit Dependent Persons

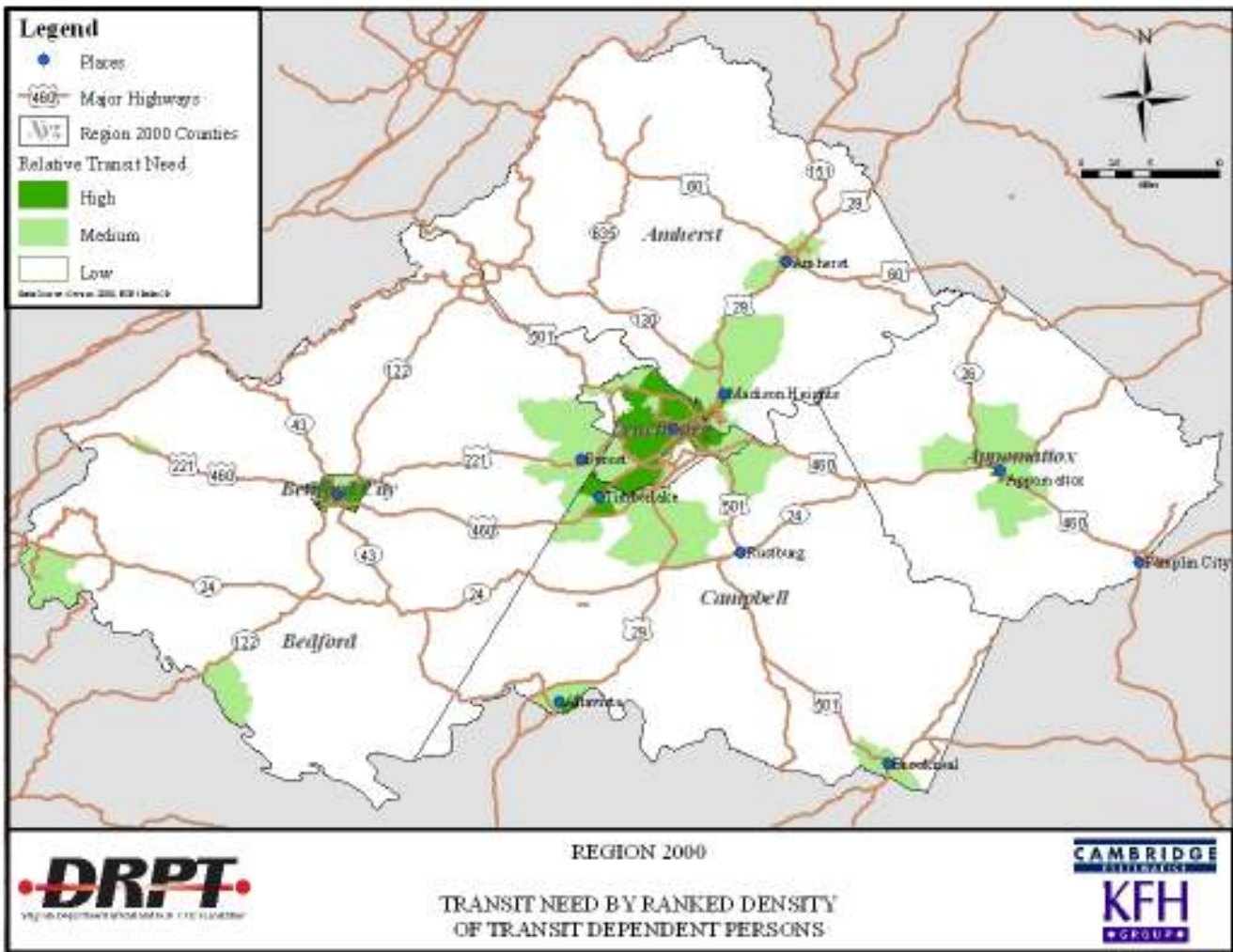
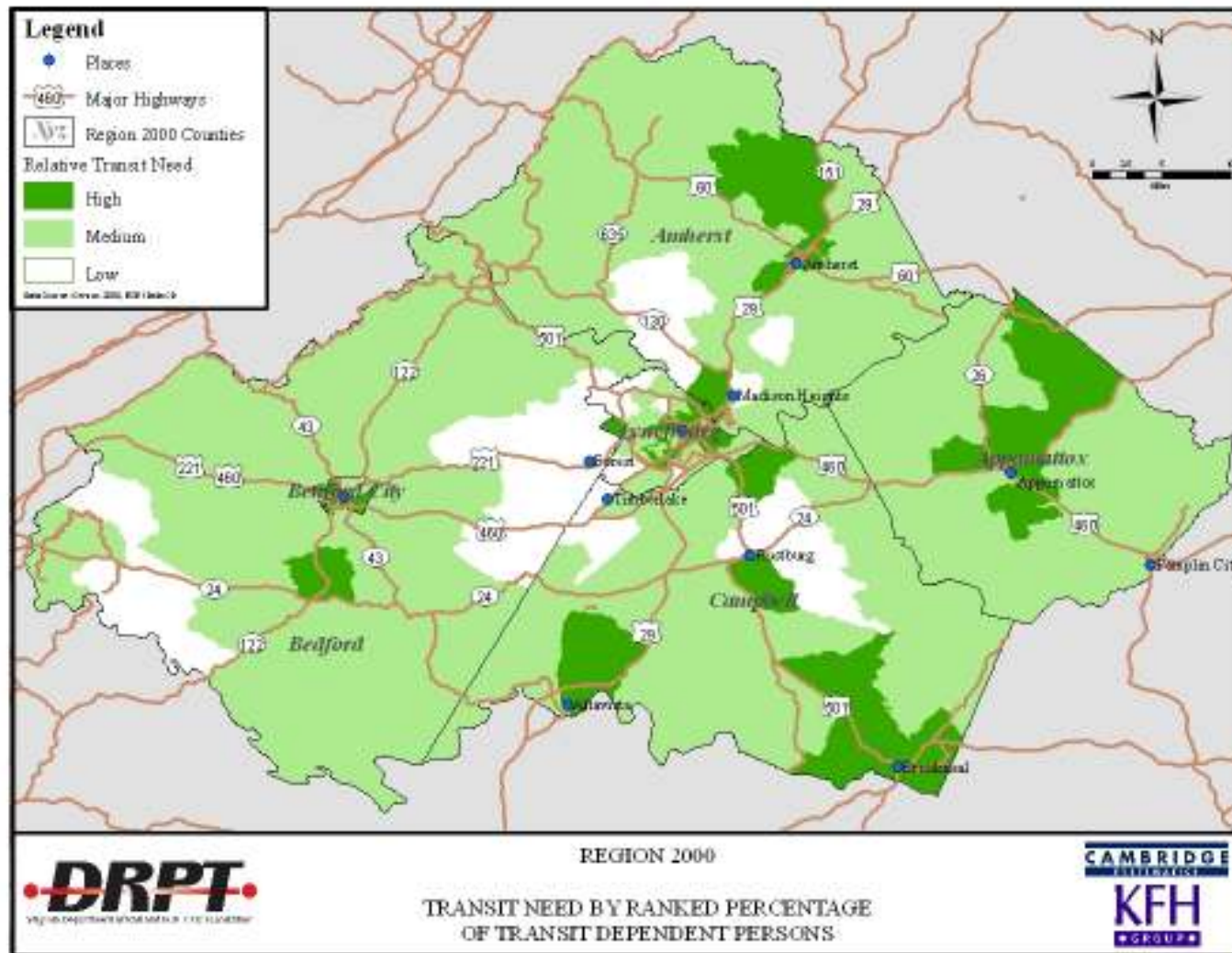


Figure 8. Transit Need by Ranked Percentage of Transit Dependent Persons



5.3 Potential Destinations

Potential destinations are places that residents are attracted to for business, medical services, education, community services, or recreation. They include major employers, medical facilities, educational facilities, human services agencies, and shopping destinations. These destinations were identified using local websites and resources, and supplemented with research through online search engines such as Google. Input regarding key destinations obtained at the regional workshops was also incorporated into this plan. The potential destinations were then mapped with GIS to give a visual representation of popular places to which transportation may be requested by older adults, people with disabilities, and people with lower incomes. The potential destinations were mapped in Figure 9; Table 2 lists the details of the potential destinations.

As shown in Figure 9:

- Potential destinations are concentrated mainly in Lynchburg and Bedford city with a small number in Amherst city, Appomattox city, Forest, and Altavista as well.

Figure 9. Potential Destinations

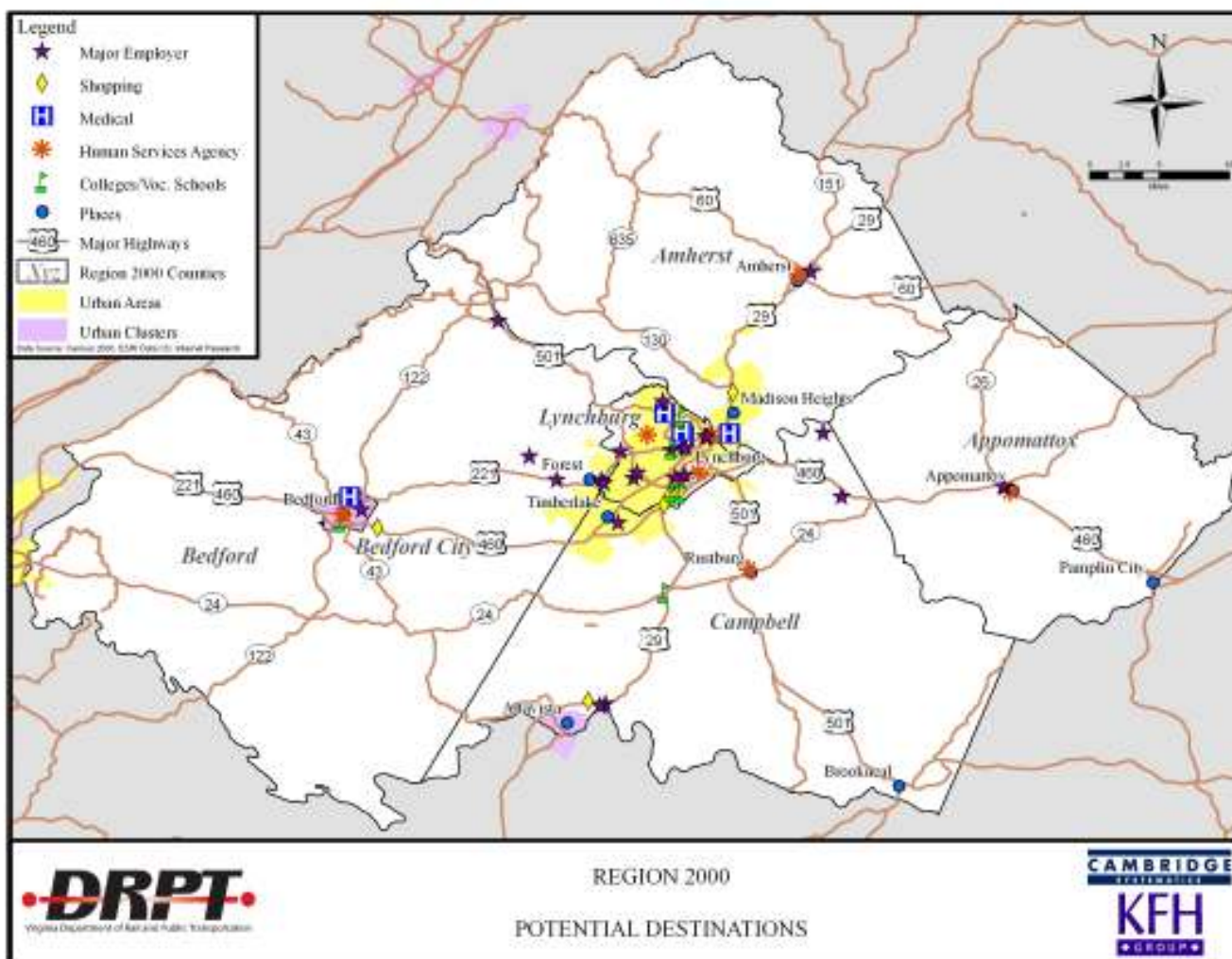


Table 2. Potential Destinations**Region 2000 (PDC 11)**

Destinations				
Type	Name	Address	City	County
College/Voc School	Bedford Science & Technology Center	600 Edmund St	Bedford	Bedford City
College/Voc School	Campbell County Technical Center	194 Dennis Riddle Dr	Rustburg	Campbell
College/Voc School	Region 2000 Career Center	2323 Memorial Ave	Lynchburg	Lynchburg city
Human Services Agency	Amherst Department of Social Services (DSS)	224 Second St	Amherst	Amherst
Human Services Agency	Appomattox Department of Social Services (DSS)	316 Court St	Appomattox	Appomattox
Human Services Agency	Bedford Department of Social Services (DSS)	119 E Main St	Bedford	Bedford City
Human Services Agency	Campbell County Department of Social Services (DSS)	69 Kabler Ln	Rustburg	Campbell
Human Services Agency	Central Virginia Area Agency on Aging, Inc. (AAA)	3024 Forest Hills Cir	Lynchburg	Lynchburg city
Human Services Agency	Central Virginia Community Services	2241 Langhorne Rd	Lynchburg	Lynchburg city
Human Services Agency	Lynchburg Department of Social Services (DSS)	99 Ninth St	Lynchburg	Lynchburg city
Human Services Agency	Lynchburg VEC Field Office	3125 Odd Fellows Rd	Lynchburg	Lynchburg city
Major Employer	Buffalo Air Handling Co.	467 Zane Snead Dr	Amherst	Amherst
Major Employer	Founders Furniture	Hwy 460 W	Appomattox	Appomattox
Major Employer	Thomasville Furniture Industries	Rt 460 W	Appomattox	Appomattox
Major Employer	Barr Laboratories Inc.	2150 Perrowville Rd	Forest	Bedford City
Major Employer	Georgia-Pacific	9363 Lee Jackson Hwy	Big Island	Bedford City
Major Employer	Lazy Boy/Sam Moore Furniture, Inc.	1556 Dawn Dr	Bedford	Bedford City
Major Employer	Abbott Laboratories	1518 Business Rte 29 N	Altavista	Campbell
Major Employer	BGF Industries, Inc.	1522 Main St	Altavista	Campbell
Major Employer	Areva	155 Mill Ridge Rd	Lynchburg	Lynchburg city
Major Employer	BWX Technologies, Inc.	2016 Mount Athos Rd	Lynchburg	Lynchburg city
Major Employer	C.B. Fleet, Inc.	4615 Murray Pl	Lynchburg	Lynchburg city
Major Employer	Frito-Lay Inc.	230 Jefferson Ridge Pkwy	Lynchburg	Lynchburg city
Major Employer	Lynchburg Foundry Company	620 Court St	Lynchburg	Lynchburg city
Major Employer	Progress Printing Company	2677 Waterlick Rd	Lynchburg	Lynchburg city
Major Employer	Centra Health, Inc.	706 Church St	Lynchburg	Lynchburg city
Major Employer	J. Crew Outfitters Inc.	1 Ivy Cres	Lynchburg	Lynchburg city
Major Employer	Lynchburg College	1501 Lakeside Dr	Lynchburg	Lynchburg city
Medical	Central Virginia Training Center	Route 210, East Colony Rd	Madison Heights	Amherst
Medical	Bedford Memorial Hospital	1613 Oakwood St	Bedford	Bedford City
Medical	Centra Health	1920 Atherholt Road	Lynchburg	Lynchburg city
Medical	Lynchburg General Hospital	1901 Tate Springs Rd	Lynchburg	Lynchburg city
Medical	Virginia Baptist Hospital	3300 Rivermont Ave	Lynchburg	Lynchburg city
Shopping	Wal-Mart Supercenter Store	197 Madison Heights Sq	Madison Heights	Amherst
Shopping	Wal-Mart Supercenter Store	1126 E Lynchburg Salem Trnprk	Bedford	Bedford City

Region 2000 (PDC 11)

Destinations

Type	Name	Address	City	County
Shopping	Wal-Mart Supercenter Store	125 Clarion Rd	Altavista	Campbell
Shopping	Wal-Mart Supercenter Store	3900 Wards Rd	Lynchburg	Lynchburg city
Shopping	Target	4028 Wards Rd	Lynchburg	Lynchburg city
Shopping	River Ridge Mall	3405 Candler's Mountain Rd	Lynchburg	Lynchburg city

VI. Assessment of Available Transportation Services and Resources

In planning for the development of future strategies to address service gaps, it was important to first perform an assessment of the transportation services available in PDC 11. The process included identifying the public transit, human service transportation, and private transportation services in PDC 11.

The process to identify the region's various transportation resources was based on different sources:

- Prior knowledge of transportation services in the region; and
- Collection of basic descriptive and operational data for the various programs.

In collecting this information, various issues and constraints became evident:

- Fixed routes (where available) cover areas with higher population densities and major trip destinations, but many people who are transit dependent live in lower density areas with no general public service.
- Services generally are available on weekdays.
- Demand-responsive service is generally available on weekdays only – constrained by capacity and funding.
- Agency services are typically available only for agency clients for specific agency-related trips.

To gain a complete picture as to the breadth of transportation services available within PDC 11, an inventory of providers (both traditional and non-traditional) was undertaken during the initial workshop. This was achieved through a facilitated session where participants were guided through a catalog of questions. A brief, two-page questionnaire, distributed at regional workshops, was also used to assist in the data collection effort. Participants who provide transportation service were requested to complete the survey and send them back for additional documentation.

Table 3 highlights the inventory of available services by provider as identified at the workshop. In some cases, an agency/provider was

recognized as a transportation provider in the region but not in attendance. These providers are listed and their associated information is presented by using other sources, including website information and/or via phone interview.

Table 3. Inventory of Available Services

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
a) Central Virginia Area Agency on Aging (CVAAA)	60+, some disabled	60 vehicles (12 accessible)	Demand-response, Monday – Friday, 8:00 AM – 4:30 PM, medical, groceries and take seniors to nutrition center trips, service in Amherst, Appomattox, Bedford and Campbell Counties	110,000 in FY06
b) Bedford Ride (administered by CVAAA with volunteer support)	Disabled, elderly, or low-income	14 agency vehicles	Volunteer (drivers and dispatchers) program, 160 volunteers drive agency and personal vehicles; demand response, non-emergency medical trips; reservations 2 days in advance for appointments b/w 8:30am and 3pm	
c) LogistiCare (serves all of VA through 7 regions)	Broker for non-emergency transportation for Medicaid; Only transports eligible Medicaid recipients and some Medicare		Reservations 24/7 by call center	60,000 trips per week Statewide
d) Alliance for Families and Children	Low income (must be over 18 with children under 18)	0	Demand-response service in PDC 11; trips to child daycare, employment, medical, and shopping; also runs loan program for car purchase or repair	
e) Greater Lynchburg Transit Company (GLTC)*	General public	42 (all accessible)	Service area includes Lynchburg and portions of Madison Heights; 15 bus routes run M-F 6am-9:30pm, 13 routes run Sat 6am-9:30pm, 9 routes run Sun 10am-5:30pm; regular fare is \$1.50 and reduced fare is \$0.75 for fixed-route, \$3.00 for paratransit	1,052,704
f) Lynchburg Community Action Group*	TANF-eligible clients with a transportation crisis		Provide car repairs, bus tickets, and taxi service on short-term basis to employment	

*Not present at the workshop, information from provider website.

More detailed information regarding these providers can be found at their websites, where available:

Alliance for Families and Children: <http://www.alliancecva.org/>

Bedford Ride: <http://www.cvaaa.com/programs/services.htm>

CVAAA: <http://www.cvaaa.com/programservices.htm#transportation>

GLTC: <http://www.gltconline.com/>

LogistiCare: <http://www.logisticare.com/>

Lynchburg Community Action Group: <http://www.lyncag.org>

Table 4 is a more detailed summary that contains the information collected from the two-page questionnaire. It provides greater detail regarding the amount and type of service available within the region. However, the Alliance for Families and Children was the only agency to return a completed questionnaire. Basic information, based on input from the regional workshop and research on the region's other providers, is listed in Table 3.

Figure 10 portrays the service area of public transit in the PDC. GLTC is the only provider that serves the general public; its System Map is included in Figure 11. While GLTC mainly serves Lynchburg, both CVAAA and LogistiCare provide service throughout the entire PDC. Bedford Ride serves eligible residents in the City of Bedford. Both the Alliance for Families and Children and the Lynchburg Community Action Group are based in Lynchburg and serve the Central Virginia community.

Private Transportation Providers

In addition, several private transportation providers that provide service within the PDC were identified:

- AA Seven Hills Taxi, Lynchburg, VA
- AAA Gray Top Cab, Lynchburg, VA
- Airport Limousine & Del Inc., Lynchburg, VA
- Allied Cabs, Lynchburg, VA
- Amherst County Taxi Services, Madison Heights, VA
- City Cab Co., Lynchburg, VA
- Gray Top Cab, Lynchburg, VA
- Greyhound Lines (intercity bus), stops in Lynchburg, VA
- Hill City Cab, Lynchburg, VA
- QR Limousine and Transportation, Lynchburg, VA
- Sandidge Taxi, Amherst, VA
- U Save Cab Co., Altavista, VA

Table 4. Transportation Providers Survey Data

Agency	(1) Type of Organization	(2) # of Individuals Organization Serves	(3) Eligibility Requirements	(4) Geographic Area Served by Program	(5) Geographic Coverage of Transportation	(6) Types of Transportation Services Provided	(7) When Transportation Service is Provided	(8) Type of Trips Provided
Alliance for Families and Children	Private, non- profit	20,000	Low Income	Planning District 11	Loan program for car purchase or car repair	Demand- response	N/A	Child day care, medical, employment, shopping

Agency	(9) # of Passenger Trips Provided	(10) # of Vehicles	(11) Total Transportation Operating Costs	(12) Funding for Transportation	(13) Transport People from other Agencies?	(14) Purchase Transportation Services?	(15) Coordinate Transportation with other Agencies?	(16) Problems in Providing Transportation
Alliance for Families and Children		0		\$100,000 – Federal/State funds; \$48,000 Local/Private funds	No	No	Yes, refer individuals to Lynchburg Community Action Group	Funding to keep transportation program operating

Figure 10. Service Area of Public Transit Providers

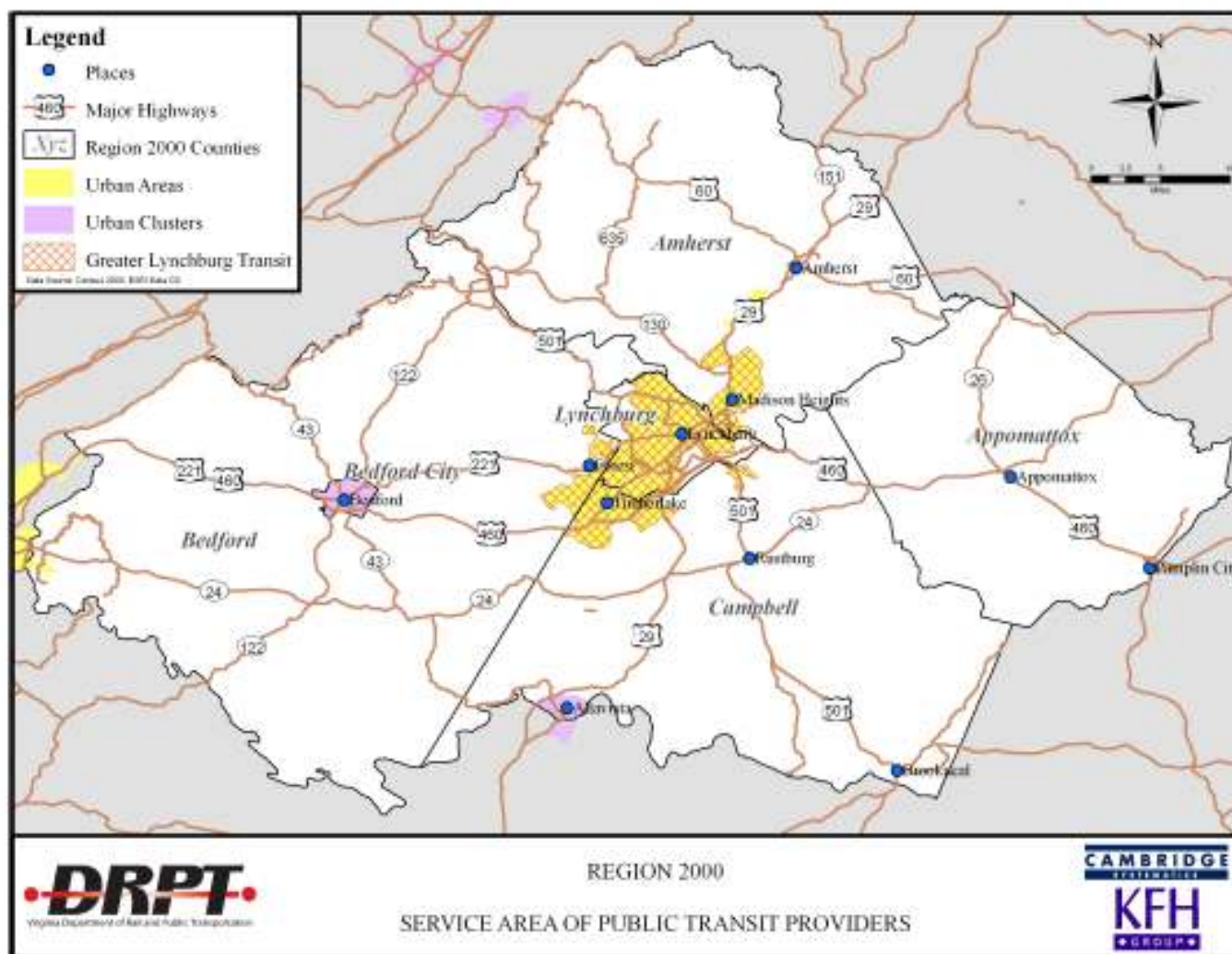
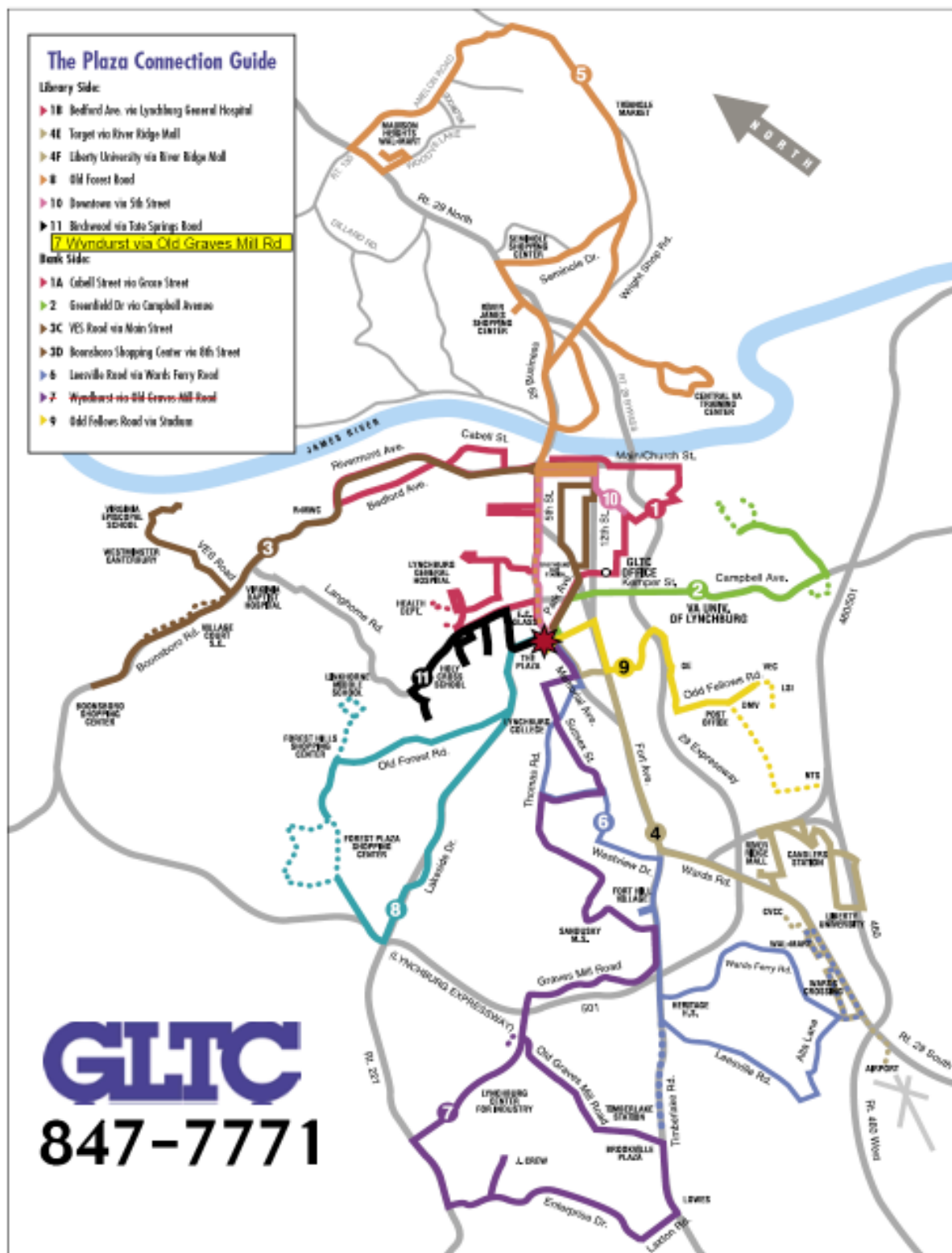


Figure 11. Greater Lynchburg Transit Company System Map



Source: GLTC Website, <http://www.gltconline.com/>

VII. Assessment of Unmet Transportation Needs and Gaps

An important step in completing this plan includes the identification of unmet transportation needs or service gaps. In addition to analyses based on demographics and potential destinations, local providers and key stakeholders provided input on the PDC's needs and gaps. This in-depth needs assessment provided the basis for recognizing where and how service for the region needs to be improved. In some cases, maintaining and protecting existing services was identified as a need.

At the Blacksburg workshop, representatives from PDC 11 provided input on specific unmet transportation needs in the region. The input focused on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, and people with lower incomes). The discussion also highlighted specific need characteristics, including trip purpose, time, place/destination, information/outreach, and travel training/orientation.

The participants expressed a number of specific, prevailing needs and issues:

- Lack of Availability – More extensive service in the evenings, weekends, and additional medical trips for those who are not Medicaid eligible.
- Lack of Awareness of Available Services – Better information about transit services and programs, and how to access transit or paratransit programs.
- Affordability – Cost of transportation (both for public transportation and social service agency operated services).

The vast majority of needs identified were described as “cross-cutting” – a need of all three population groups. Unless otherwise noted, each identified need was cross-cutting:

Trip Purpose

- Expanded transportation services for dialysis treatments.
- Expanded access to job locations.
- Priority is given to medical trips, and therefore limited capacity or opportunity for social activity trips.

- Limited funding for trips not funded through the Medicaid brokerage.

Time

- Saturdays and evening services.
- Transportation that meets late night shift hours for people with low incomes and people with disabilities.
- More flexibility for scheduling transportation for medical trips.

Place/Destination

- Expanded transportation services to dialysis centers.
- Expanded transportation options for social activities.
- Limited access to medical facilities outside the county/city.

Information/Outreach

- Public relations campaign to improve image of public transit.
- Increased education for local officials who are not aware that there is a transportation need.

Travel Training/Orientation

- Expanded training for people who are not aware of all the transportation opportunities that are available and how to use them.

Other

- Limited local funding to serve as required match for funding for new services.
- Lack of accessible vehicles, especially in cases where more than one wheelchair space is needed in a vehicle.
- Lack of involvement in transportation issues at the local level.

- Concern regarding funding to sustain services after new projects are implemented.
- Need funding for human service agencies to offset costs beyond what clients can afford.
- Expanded programs flexibility to allow greater coordination between agencies.

VIII. Identified Strategies

Coupled with the need to identify service gaps is the need to identify corresponding strategies intended to address service deficiencies. Based on the assessment of demographics and potential destinations, and especially the unmet transportation needs obtained from key local stakeholders in the region, a preliminary list of strategies was generated. These "strategies" differ from specific projects in that they may not be fully defined – projects would require an agency sponsor, specific expenditures, etc. The strategies were then presented at the second workshop for input and ownership. The workshop participants generated an additional strategy and determined that all of the proposed strategies were important to the region, therefore no proposed strategy was eliminated. Ultimately, 12 strategies listed below were endorsed by the workshop participants.

-
1. Continue to support and maintain capital needs of coordinated human service/public transportation providers.
 2. Expand availability of demand-response and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.
 3. Build coordination among existing public transportation and human service transportation providers.
 4. Provide targeted shuttle services to access employment opportunities.
 5. Establish a ride-sharing program for long-distance medical transportation.
 6. Implement new public transportation services or operate existing public transit services on more frequent basis.
 7. Expand outreach and information on available transportation options in the region, including establishment of a centralized point of access.
 8. Provide flexible transportation options and more specialized or one-to-one services through expanded use of volunteers.

9. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
 10. Expand access to taxi services and other private transportation operators.
 11. Bring new funding partners to public transit/human service transportation.
 12. Provide transportation services that enable people to become more self-sufficient.
-

IX. Priorities for Implementation and Potential Projects

Identification of priorities for implementation was based on feasibility for implementing the specific strategies. All of the strategies discussed during the second workshop that are eligible for funding from Section 5310, 5316, or 5317 programs are considered priorities. Based on this process, 12 specific strategies to meet the needs in PDC 11 were identified (as noted in Section VIII) as the priorities and included in the region's CHSM Plan.

These strategies are detailed in this section to include the multiple unmet transportation needs or issues each addresses, potential projects that correspond to each strategy, and potential funding sources through the three programs that require this coordinated plan.

While potential projects that could be implemented to fulfill these strategies are included, please note that this list is not comprehensive and other projects that meet the strategy would also be considered.

Strategy: Continue to support and maintain capital needs of coordinated human service/public transportation providers.

To implement strategies to expand mobility options for older adults, people with disabilities, and people with lower incomes in the region, maintaining and building upon the current capital infrastructure is crucial to the community transportation network. Appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles will help ensure the region can maintain and build upon its current public transit and human service transportation. Emphasis should be on supporting transportation providers that are coordinating services to the maximum extent possible to ensure the most efficient use of resources in the region.

Unmet Need/Issue Strategy Will Address:

- Maintain existing transportation services and available mobility options for older adults, people with disabilities, and people with lower incomes.
- Transportation services for dialysis treatments.
- Transportation access to job locations.
- Limited funding for trips not funded through the Medicaid brokerage.
- Transportation options for social activities.

Potential Funding Sources:

- Section 5310
- New Freedom
- JARC

Potential Projects:

- Capital expenses to support the provision of coordinated transportation services to meet the special needs of older adults, people with disabilities and people with lower incomes.
- Capital needs to support new mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

Strategy: Expand availability of demand-response and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.

The expansion of current demand-response and specialized transportation services operated in the region is a logical strategy for improving mobility for older adults, people with disabilities, and people with lower incomes. This strategy would meet multiple unmet needs and issues while taking advantage of existing organizational structures. Operating costs -- driver salaries, fuel, vehicle maintenance, etc. -- would be the primary expense for expanding services, though additional vehicles may be necessary for providing same-day transportation services or serving larger geographic areas.

Unmet Needs/Issues Strategy Will Address:

- Expanded transportation services for dialysis treatments.
- Expanded access to job locations.
- Priority is given to medical trips, and therefore limited capacity or opportunity for social activity trips.
- Limited funding for trips not funded through the Medicaid brokerage.
- Saturdays and evening services.
- Transportation that meets late night shifts hours for people with low incomes and people with disabilities.

Potential Funding Sources:

- New Freedom
- JARC
- Section 5310
- Section 5311/ Section 5311 (f)

Potential Projects:

- Expand current demand-response system to serve additional trips (within same hours of operation/service).
- Expand hours and days of current demand response system to meet additional service needs.

Strategy: Build coordination among existing public transportation and human service transportation providers.

Opportunities exist to build upon the PDC's established transportation services and improve connections between providers, such as CVAAA and GLTC. Improved coordination between public transit and human service transportation providers would expand transportation access both within and outside the region. A mobility management strategy can be employed that provides the support and resources to explore these possibilities and put into action the necessary follow-up activities.

Unmet Needs/Issues Strategy Will Address:

- Lack of accessible vehicles, especially in cases where more than one wheelchair space is needed in a vehicle.
- Expanded programs flexibility to allow greater coordination between agencies.

Potential Funding Sources:

- New Freedom
- JARC
- Section 5310
- Section 5311/ Section 5311 (f)

Potential Projects:

- Mobility manager to facilitate cooperation between transportation providers, including examining opportunities for coordination between providers with wheelchair-accessible vehicles.
- Implement voucher program through which human service agencies are reimbursed for trips provided for another agency based on pre-determined rates or contractual arrangements.

Strategy: Provide targeted shuttle services to access employment opportunities.

Limited transportation services to access employment opportunities could be addressed through the implementation of shuttle services designed around concentrated job centers. These concentrated job opportunities provide central employment destinations that could potentially be served via targeted shuttle services. Locating a critical mass of workers is the key for this strategy to be effective. This strategy may also provide a mechanism for employer partnerships.

Unmet Needs/Issues Strategy Will Address:

- Expanded access to job locations.
- Saturdays and evening services.
- Transportation that meets late night shifts hours for people with low incomes and people with disabilities

Potential Funding Sources:

- JARC

Potential Projects:

- Operating assistance to fund specifically-defined, targeted shuttle services.
- Capital assistance to purchase vehicles to provide targeted shuttle services.
- Partnership arrangements with major employers.

Strategy: Establish a ride-sharing program for long-distance medical transportation.

This strategy would use this commuter-oriented model as a basis for developing a ride-sharing program for long distance medical trips. A database of potential drivers and riders could be kept with a central “mobility manager,” who would match the trip needs with the available participating drivers. The riders would share the expenses with the drivers on a per-mile basis (i.e. similar to mileage reimbursement). This strategy could be a cost-effective way to provide long-distance medical trips without sending a human service or public transit vehicle out of the region for a day. This strategy could be implemented in conjunction with a broader mobility management program.

Unmet Needs/Issues Strategy Will Address:

- More flexibility for scheduling transportation for medical trips.
- Expanded transportation services to dialysis centers.
- Limited funding for trips not funded through the Medicaid brokerage.
- Limited access to medical facilities outside the region.

Potential Funding Sources:

- New Freedom
- Section 5311 / Section 5311(f)

Potential Projects:

- Development of a ride-share matching database that could be used to effectively match potential drivers with people who need rides.
- Development of volunteer driver program to provide long distance medical trips.

Strategy: Implement new public transportation services or operate existing public transit services on a more frequent basis.

GLTC is currently the only public transit provider in the PDC, as noted in Section VI. Public transportation services typically cover areas that have higher population densities and serve major trip destinations, as GLTC currently does in Lynchburg. Therefore projects under this strategy would address expanded service frequency, hours of service, and area coverage.

Unmet Needs/Issues Strategy Will Address:

- Transportation access to job locations.
- Saturdays and evening services.

Potential Funding Sources:

- JARC
- Section 5310
- New Freedom
- Section 5307
- Section 5311 / Section 5311(f)

Potential Projects:

- Increase frequency of public transit services as possible.
- Convert demand-response services to fixed schedule or fixed route services as appropriate to meet transportation needs.

Strategy: Expand outreach and information on available transportation options in the region, including establishment of a centralized point of access.

A greater emphasis can be placed not just on the coordination of actual services, but also on outreach and information sharing to ensure people with limited mobility are aware of the transportation services available to them. Possibilities include a more formal organizational structure for coordination, such as a mobility manager whose activities could include the promotion of available transportation services.

Unmet Needs/Issues Strategy Will Address:

- Public relations campaign to improve image of public transit.
- Increased education for local officials who are not aware that transportation needs exist.
- Lack of involvement in transportation issues at the local level.
- Concern regarding funding to sustain services after new projects are implemented.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Mobility manager to facilitate access to transportation services, including an information clearinghouse on available public transit and human services transportation in the region and/or educating appropriate decision makers on transportation issues and efforts.
- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

Strategy: Provide flexible transportation options and more specialized or one-to-one services through expanded use of volunteers.

A variety of transportation services are needed to meet the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. Customers may need more specialized services beyond those typically provided through general public transit services, and the rural nature of the region is often not conducive for shared ride services. Therefore, the use of volunteers may offer transportation options that are difficult to provide through public transit and human service agency transportation. Volunteers can also provide a more personal and one-to-one transportation service for customers who may require additional assistance. Administered by the CVAAA, Bedford Ride exemplifies a successful volunteer driver program in the PDC that provides eligible citizens with transportation to non-emergency medical services.

Unmet Needs/Issues Strategy Will Address:

- Priority is given to medical trips, and therefore limited capacity or opportunity for social activity trips.
- Limited funding for trips not funded through the Medicaid brokerage.
- Saturdays and evening services.

Potential Funding Sources:

- New Freedom

Potential Projects:

- Implement new or expand existing volunteer driver program, such as Bedford Ride, to meet specific geographic, trip purpose, or timeframe needs.

Strategy: Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.

In addition to expanding transportation options in the region, it is important that customers, as well as caseworkers, agency staff, and medical facility personnel that work with older adults, people with disabilities, and people with low incomes, are familiar with available transportation services. Efforts can include travel training programs to help individuals use public transit services, and outreach programs to ensure people helping others with their transportation issues are aware of mobility options in the region. In addition, the demand for transportation services to dialysis treatment facilities necessitates the need for a strong dialogue between transportation providers and dialysis locations so that treatment openings and available transportation are considered simultaneously.

Unmet Needs/Issues Strategy Will Address:

- Expanded training for people who are not aware of all the transportation opportunities that are available and how to use them.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Implement new or expand existing outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

Strategy: Expand access to taxi services and other private transportation operators.

PDC 11 has several taxi services that are mostly based in Lynchburg, which is also served by Greyhound bus, as noted in Section VI. While private transportation providers elsewhere in the region are limited, for evenings and weekends and for same-day transportation needs, these services may be the best options for area residents; albeit one that is more costly to use. By subsidizing user costs, possibly through a voucher program, there can be expanded access to taxis and other private transportation services. This approach has been employed successfully in other rural areas of the country, particularly as a means to provide people with disabilities with more flexible transportation services.

Unmet Needs/Issues Strategy Will Address:

- Need funding for human service agencies to offset costs beyond what clients can afford.
- Transportation access to job locations.
- Limited funding for trips not funded through the Medicaid brokerage.
- Transportation options for social activities.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Implement voucher program to subsidize rides for taxi trips or trips provided by private operators.
- Purchase vehicles to support new accessible taxi, ride sharing, and/or vanpooling programs.

Strategy: Bring new funding partners to public transit/human service transportation.

The demand for public transit-human service transportation is growing daily. One of the key obstacles the industry faces is how to pay for additional service. This strategy would meet multiple unmet needs and issues by tackling non-traditional sources of funding. Hospitals, supermarkets, and retailers who want the business of the region's riders may be willing to pay for part of the cost of transporting those riders to their sites. This approach is applicable to both medical and retail establishments already served, as well as new businesses.

Unmet Needs/Issues Strategy Will Address:

- Limited local funding to serve as required match for funding for new services.
- Lack of involvement in transportation issues at the local level.
- Concern regarding funding to sustain services after new projects are implemented.
- Need funding for human service agencies to offset costs beyond what clients can afford.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Employer funding support programs, either directly for services and/or for local share.
- Employer sponsored transit pass programs that allow employees to ride at reduced rates.
- Partnerships with private industry, i.e. retailers and medical centers.

Strategy: Provide transportation services that enable people to become more self-sufficient.

Helping citizens live and get around independently and enabling them to them to be more self-sufficient are major goals in improving mobility options for older adults, people with disabilities, and people with lower incomes. Many PDC residents face logistical and financial challenges in meeting their daily transportation needs, particularly accessing employment. This strategy allows a broad approach to overcoming these challenges, whether through publicly or privately provided transportation services or ride-sharing programs. Increased, creative transportation options will help individuals become more independent. This strategy offers the opportunity to build upon current programs, such as the Alliance for Families and Children in Lynchburg that operates two programs that help low-income families become self-sufficient: a loan program, called “Ways to Work,” to help families maintain employment; and a car loan program, called “Vehicles for Change,” to help families obtain a personal automobile.

Unmet Needs/Issues Strategy Will Address:

- Expanded access to job locations.
- Saturdays and evening services.
- Transportation that meets late night shifts hours for people with low incomes and people with disabilities.

Potential Funding Sources:

- JARC

Potential Projects:

- Local car loan programs that assist individuals in purchasing and maintaining vehicles for shared rides.

X. Plan Adoption Process

As noted in Section IV, participants from the regional workshops were involved throughout the planning process, and reviewed and commented on initial drafts that included the assessment of transportation services, assessment of transportation needs and gaps, and proposed strategies and potential projects. Ultimately, these coordinated planning participants formally discussed and agreed upon the identified strategies in this plan. At the third workshop, they provided a more formal endorsement through a Statement of Participation, which is included in Appendix F.

Additionally, each plan will become a section within the PDC's Regional Rural Long Range Plan (RLRP) which is required by the Virginia Department of Transportation (VDOT). The intent is a regional transportation plan in rural areas that complements those in the metropolitan areas of the State. The development and components of each RLRP will include public outreach and recommendation development, as well as public endorsement and regional adoption.

XI. Ongoing and Future Arrangements for Plan Updates

In addition to developing this coordinated public transit-human services transportation plan that fulfills the FTA requirements, DRPT will be working with the region on an ongoing structure to serve as the foundation for future coordinated transportation planning efforts.

Similar to the process for development of the CHSM Plan, this structure will be determined through input with a diverse group of stakeholders that represent transportation, aging, disability, social service and other appropriate organizations in the region, including participants from the first two workshops. While formal responsibilities and organizational roles will be determined locally, it is anticipated that this structure will:

- Lead updates of the *Coordinated Human Service Mobility Plan* for PDC 11 based on local needs (but at the minimum FTA required cycle).
- Provide input and assist public transit and human service transportation providers in establishing priorities with regard to community transportation services.
- Review and discuss coordination strategies in the region and provide recommendations for potential improvements to help expand mobility options in the region.
- Provide input on applications for funding through the Section 5310, JARC, and New Freedom competitive selection process.

Appendix A – Final FTA Guidance on Coordinated Planning Requirements

The following excerpt is from the final guidance from the Federal Transit Administration (FTA) on the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access Reverse Commute (JARC – Section 5316) and New Freedom (Section 5317) programs. (Effective May 1, 2007)

Final Circulars: http://www.fta.dot.gov/laws/leg_reg_circulars_guidance.html

Final Register Notices: http://www.fta.dot.gov/laws/leg_reg_federal_register.html

COORDINATED PLANNING

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN. Federal transit law, as amended by SAFETEA-LU, requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC), and New Freedom programs be “derived from a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.” The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310, JARC and New Freedom Programs. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5317.
2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.
 - a. Overview. A locally developed, coordinated, public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient and the metropolitan planning organization (MPO), where applicable. The agency leading the planning process is decided locally and does not have to be the designated recipient.

In urbanized areas where there are multiple designated recipients, there may be multiple plans and each designated recipient will be responsible for the competitive selection of projects in the designated recipient's area. A coordinated plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan must be developed through a process that includes representatives of public and

private and non-profit transportation and human services transportation providers, and participation by members of the public. Members of the public should include representatives of the targeted population(s) including individuals with disabilities, older adults, and people with low incomes. While the plan is only required in communities seeking funding under one or more of the three specified FTA programs, a coordinated plan should also incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

b. Required Elements. Projects competitively selected for funding shall be derived from a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:

- (1) An assessment of available services that identifies current transportation providers (public, private, and non-profit);
- (2) An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service (Note: If a community does not intend to seek funding for a particular program (Section 5310, JARC, or New Freedom), then the community is not required to include an assessment of the targeted population in its coordinated plan);
- (3) Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and
- (4) Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Note: FTA will consider plans developed before the issuance of final program circulars to be an acceptable basis for project selection for FY 2007 if they meet minimum criteria. Plans for FY 2007 should include 1) an assessment of available services; 2) an assessment of needs; and 3) strategies to address gaps for target populations; however, FTA recognizes that initial plans may be less complex in one or more of these elements than a plan developed after the local coordinated planning process is more mature. Addendums to existing plans to include these elements will also be sufficient for FY 2007. Plans must be developed in good faith in coordination with appropriate planning partners and with opportunities for public participation.

c. Local Flexibility in the Development of a Local Coordinated Public Transit-Human Services Transportation Plan. The decision for determining which agency has the lead for the development and coordination of the planning process should be made at the State, regional, and local levels. FTA recognizes the importance of local flexibility in developing plans for human service transportation. Therefore, the lead agency for the coordinated planning process may be different from the agency that will serve as the designated

recipient. Further, FTA recognizes that many communities have conducted assessments of transportation needs and resources regarding individuals with disabilities, older adults, and/or people with low incomes. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated, human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans and action items. As all new Federal requirements must be met, however, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

Plans will vary based upon the availability of resources and the existence of populations served under these programs. A rural community may develop its plans based on perceived needs emerging from the collaboration of the planning partners, whereas a large urbanized community may use existing data sources to conduct a more formal analysis to define service gaps and identify strategies for addressing the gaps.

This type of planning is also an eligible activity under three other FTA programs—the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), and Urbanized Area Formula (Section 5307) programs, all of which may be used to supplement the limited (10 percent) planning and administration funding under this program. Other resources may also be available from other entities to fund coordinated planning activities. All “planning” activities undertaken in urbanized areas, regardless of the funding source, must be included in the Unified Planning Work Program (UPWP) of the applicable MPO.

- d. Tools and Strategies for Developing a Coordinated Plan. States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration.
 - (1) Community planning session. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation or coordination with the applicable metropolitan or statewide planning process.
 - (2) Self-assessment tool. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at www.unitedweride.gov, helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories of simple diagnostic questions to help groups in States and communities

assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator's Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.

- (3) Focus groups. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
 - (4) Survey. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the internet, literacy levels, and limited English proficiency.
 - (5) Detailed study and analysis. A community may decide to conduct a complex analysis using inventories, interviews, GIS mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.
3. PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS. Recipients shall certify that the coordinated plan was developed through a process that included representatives of public, private, and non-profit transportation and human services providers, and participation by members of the public. Note that the required participants include not only transportation providers but also providers of human services, and members of the public (e.g., individuals with disabilities, older adults, and individuals with low incomes) who can provide insights into local transportation needs. It is important that stakeholders be included in the development and implementation of the local coordinated public transit-human services transportation plan. A planning process in which stakeholders provide their opinions but have no assurance that those opinions will be considered in the outcome does not meet the requirement of 'participation.' Explicit consideration and response should be provided to public input received during the development of the coordinated plan. Stakeholders should have reasonable opportunities to be actively involved in the decision-making process at key decision points, including, but not limited to, development of the proposed coordinated plan document. The following possible strategies facilitate appropriate inclusion:

- a. Adequate Outreach to Allow for Participation. Outreach strategies and potential participants will vary from area to area. Potential outreach strategies could include notices or flyers in centers of community activity, newspaper or radio announcements, e-mail lists, website postings, and invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups. Conveners should note that not all potential participants have access to the Internet and they should not rely exclusively on electronic communications. It is useful to allow many ways to participate, including in-person testimony, mail, e-mail, and teleconference. Any public meetings regarding the plan should be held in a location and time where accessible transportation services can be made available, and adequately advertised to the general public using techniques such as those listed above. Additionally, interpreters for individuals with hearing impairments and English as a second language and accessible formats (e.g., large print, Braille, electronic versions) should be provided as required by law.
- b. Participants in the Planning Process. Metropolitan and statewide planning under 49 U.S.C. 5303 and 5304 require consultation with an expansive list of stakeholders. There is significant overlap between the lists of stakeholders identified under those provisions (e.g., private providers of transportation, representatives of transit users, and representatives of individuals with disabilities) and the organizations that should be involved in preparation of the coordinated plan.

The projects selected for funding under the Section 5310 , JARC, and New Freedom Programs must be "derived from a locally developed, coordinated public transit-human services transportation plan" that was "developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public." The requirement for developing the local public transit-human services transportation plan is intended to improve services for people with disabilities, older adults, and individuals with low incomes. Therefore, individuals, groups and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) Transportation partners:

- (a) Area transportation planning agencies, including MPOs, Councils of Government (COGs), Rural Planning Organizations (RPOs), Regional Councils, Associations of Governments, State Departments of Transportation, and local governments;
- (b) Public transportation providers (including Americans with Disabilities Act (ADA) paratransit providers and agencies administering the projects funded under FTA urbanized and nonurbanized programs);
- (c) Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;
- (d) Non-profit transportation providers;

- (e) Past or current organizations funded under the JARC, Section 5310, and/or the New Freedom Programs; and
 - (f) Human service agencies funding, operating, and/or providing access to transportation services.
- (2) Passengers and advocates:
- (a) Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes);
 - (b) Protection and advocacy organizations;
 - (c) Representatives from independent living centers; and
 - (d) Advocacy organizations working on behalf of targeted populations.
- (3) Human service partners:
- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services; Vocational Rehabilitation, Workforce Investment Boards, Medicaid, Community Action Programs (CAP), Agency on Aging (AoA); Developmental Disability Council, Community Services Board;
 - (b) Non-profit human service provider organizations that serve the targeted populations;
 - (c) Job training and placement agencies;
 - (d) Housing agencies;
 - (e) Health care facilities; and
 - (f) Mental health agencies.
- (4) Other:
- (a) Security and emergency management agencies;
 - (b) Tribes and tribal representatives;
 - (c) Economic development organizations;
 - (d) Faith-based and community-based organizations;
 - (e) Representatives of the business community (e.g., employers);
 - (f) Appropriate local or State officials and elected officials;

(g) School districts; and

(h) Policy analysts or experts.

Note: Participation in the planning process will not bar providers (public or private) from bidding to provide services identified in the coordinated planning process. This planning process differs from the competitive selection process, and it differs from the development and issuance of a Request for Proposal (RFP) as described in the Common Grant Rule (49 CFR part 18).

- c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local level. It is expected that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

In addition, Federal, State, regional, and local policy makers, providers, and advocates should consistently engage in outreach efforts that enhance the coordinated process, because it is important that all stakeholders identify the opportunities that are available in building a coordinated system. To increase participation at the local levels from human service partners, State Department of Transportation offices are encouraged to work with their partner agencies at the State level to provide information to their constituencies about the importance of partnering with human service transportation programs and the opportunities that are available through building a coordinated system.

- d. Adoption of a Plan. As a part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. A strategy for adopting the plan could also be included in the designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve plans. The designated recipient's grant application will document the plan from which each project listed is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. This may be done by citing the section of the plan or page references from which the project is derived.

4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

- a. Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes. The coordinated plan can either be developed separately from the metropolitan and statewide transportation planning processes and then incorporated into the broader plans, or be developed as a part of the metropolitan and statewide transportation planning processes. If the coordinated plan is not prepared within the broader process, the lead agency for the coordinated plan should

ensure coordination and consistency between the coordinated planning process and metropolitan or statewide planning processes. For example, planning assumptions should not be inconsistent.

Projects identified in the coordinated planning process, and selected for FTA funding through the competitive selection process must be incorporated into both the Transportation Improvement Program (TIP) and Statewide Transportation Improvement Program (STIP) in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for nonurbanized areas under 50,000 in population. In some areas, where the coordinated plan or competitive selection is not completed in a timeframe that coincides with the development of the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include competitively selected projects in the TIP/STIP before FTA grant award.

The lead agency developing the coordinated plan should communicate with the relevant MPOs or State planning agencies at an early stage in plan development. States with coordination programs may wish to incorporate the needs and strategies identified in local coordinated plans into statewide coordination plans.

Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, and level of detail between the coordinated planning process and the metropolitan and statewide transportation planning processes. However, there are important areas of overlap between the planning processes, as well. Areas of overlap represent opportunities for sharing and leveraging resources between the planning processes for such activities as: (1) needs assessments based on the distribution of targeted populations and locations of employment centers, employment-related activities, community services and activities, medical centers, housing and other destinations; (2) inventories of transportation providers/resources, levels of utilization, duplication of service and unused capacity; (3) gap analysis; (4) any eligibility restrictions; and (5) opportunities for increased coordination of transportation services. Local communities may choose the method for developing plans that best fits their needs and circumstances.

- b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. SAFETEA-LU strengthened the public participation requirements for metropolitan and statewide transportation planning. Title 49 U.S.C. 5303(i)(5) and 5304(f)(3), as amended by SAFETEA-LU, require MPOs and States to engage the public and stakeholder groups in preparing transportation plans, TIPs, and STIPs. "Interested parties" include, among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities.

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the

coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

- c. Cycle and Duration of the Coordinated Plan. At a minimum, the coordinated plan should follow the update cycles for metropolitan transportation plans (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). However, communities and States may update the coordinated plan to align with the competitive selection process based on needs identified at the local levels. States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.
- d. Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Other Than Urbanized Formula Programs in the Coordinated Planning Process. Recipients of Section 5307 and Section 5311 assistance are the “public transit” in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(c)(5) requires that, “Each recipient of a grant shall ensure that the proposed program of projects (POP) provides for the coordination of public transportation services ... with transportation services assisted from other United States Government sources.” In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of the DOT to determine that a State's Section 5311 projects “provide the maximum feasible coordination of public transportation service ... with transportation service assisted by other Federal sources.” Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.

Appendix B – Mobility Management – Eligible Activities and Potential Projects

Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation is an eligible project through the Federal Transit Administration's (FTA) Section 5317 (New Freedom) and Section 5316 (Job Access and Reverse Commute – JARC) Programs. Mobility management is considered an eligible capital cost. Therefore, the federal share of eligible project costs is 80 percent (as opposed to 50 percent for operating projects).

The following excerpt on mobility management activities is included in the FTA guidance for the New Freedom and JARC Programs:

- (1) Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management is an eligible capital cost. Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive New Freedom funding to support the administrative costs of sharing services it provides to its own clientele with other individuals with disabilities and coordinate usage of vehicles with other non-profits, but not the operating costs of the service. Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. Mobility management activities may include:
 - (a) The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults, and low-income individuals;
 - (b) Support for short term management activities to plan and implement coordinated services;
 - (c) The support of State and local coordination policy bodies and councils;
 - (d) The operation of transportation brokerages to coordinate providers, funding agencies and customers;

- (e) The provision of coordination services, including employer-oriented Transportation Management Organizations' and Human Service Organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;
- (f) The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
- (g) Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System Technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems (acquisition of technology is also eligible as a stand alone capital expense).

A Mobility Manager can be the centerpiece of an effort to coordinate existing services to maximize efficiency and effectiveness. This entity can be designed to:

- Plan and identify needs and solutions, with an emphasis on work, school and training trips.
- Continue to seek greater efficiencies and reduce duplication through coordination.
- Coordinate and seek public and private funding – including New Freedom, JARC, and sponsorships.
- Coordinate human service transportation with workforce boards, social service agencies, etc.
- Conduct marketing efforts, developing schedules and how to ride guides.
- Serve as One Stop Information Center.
- Function as a rideshare coordinator.
- Develop a mentoring function.

Appendix C – Potential Non-DOT Federal Program Guide

Source – United We Ride website

http://www.unitedweride.gov/1_691_ENG_HTML.htm

U.S. Department of Agriculture

- [Food and Nutrition Service](#)

U.S. Department of Education

- [Office of Elementary and Secondary Education](#)
- [Office of Innovation and Improvement](#)
- [Office of Special Education and Rehabilitative Services](#)

U.S. Department of the Interior

- [Bureau of Indian Affairs](#)

U.S. Department of Health and Human Services

- [Health Resources and Services Administration](#)
- [Centers for Medicare and Medicaid Services](#)
- [Administration on Aging](#)
- [Substance Abuse and Mental Health Services](#)
- [Administration for Children and Families](#)

U.S. Department of Housing and Urban Development

U.S. Department of Labor

- [Employment Standards Administration](#)
- [Veterans' Employment and Training Service](#)
- [Employment and Training Administration](#)

U.S. Department of Veterans Affairs

- [Veterans Benefits Administration](#)
- [Veterans Health Administration](#)

Note: The individual links above may be accessed at the United We Ride Website:
http://www.unitedweride.gov/1_691_ENG_HTML.htm

Appendix D – Workshop Attendees

1st Workshop – PDC 4, 5, 11 and 12

Name	Organization	Type	County/PDC	Phone	E-mail
Kim Moore	Department of Rehab	CD	Franklin	540-263-0785	Kimberly.Moore@drs.virginia.gov
Gary Heinline	Pulaski Area Transit	PT	Pulaski	540-980-7780	gheinline@NRUSeniorServices.org
Curtis Andrews	RADAR	RPT	Roanoke	540-343-1721	Curtis@radartransit.org
Mary-Winston Deacon	Alliance For Families & Children	HS	PDC 11	434-645-2986 x231	marywd@alliancecva.org
Kelly Hitchcock	Region 2000 Local Government Council	PDC	PDC 11	434-845-3491	khitchcock@region2000.org
Clarence Dickerson	Piedmont Independent Living Center	HS	PDC 12	434-797-2530	clarencerdickerson@yahoo.com
Lori Penn	Piedmont Independent Living Center	HS	PDC 12	434-797-2530	missloripenn@hotmail.com
Jeanette King	Piedmont Independent Living Center	HS	PDC 12	434-797-2530	jkpilc@yahoo.com
Joan Hullett	West Piedmont PDC	PDC	PDC 12	276-638-3987	jhullett@wppdc.org
Leah Manning	West Piedmont PDC	PDC	PDC 12	276-638-3987	lmanning@wppdc.org
Henry Ayers	PARC Workshop, Inc	HS/JT	Patrick	276-694-4211	parcworkshop@earthlink.net
Christine Visscher	Goodwill Industries and Valleys	HS/JT	Roanoke	540-581-0620	cvisscher@goodwillvalleys.com
Dan Brugh	Blacksburg, Christiansburg, Montgomery County MPO	MPO	Montgomery	540-394-2145	brughjd@montgomerycountyva.gov
Kevin Byrd	NRV PDC	PDC	PDC 4	540-639-9313	kbyrd@nrvc.org
Tammy Trimble	Transportation Policy group VTTI	R	Montgomery	540-231-1545	ttrimble@vtti.vt.edu
Teresa Carter	Southern AAA	AAA	Martinsville	276-632-6442	tcarter@southernaaa.org
Mark McCaskill	RVARC/RVAMPO	PDC	PDC 5	540-343-4417	mmccaskill@rvarc.org
Ann Angert	New River Community Action	HS	PDC 4	540-633-5133	angert@nrcaa.org
RB "Ben" Crawford	AARP VA	HS	Montgomery	540-961-5733	Ben.Crawford@vt.edu
Carl McDaniels	AARP VA	HS	Montgomery	540-961-5733	
Emily Simmons	Radford University Training and Technical Assistance Center	HS	City of Radford	540-831-7116	esimmons@radford.edu
Alexandra Sommers	Virginia Tech Transportation Institute (VTI)	R	Blacksburg	540-231-1006	asommers@vtti.vt.edu
Gary Christez	Region 2000	PDC	PDC 11	434-845-3491	
Curtis Walker	Blue Ridge Independent Living Center (BRILC)	HS	PDC 5	540-342-1231	CWalker@Brilc.org
Keevie Hairston	Piedmont CSB	CSB	PDC 12	276-632-7128	khairston@piedmontcsb.org
Todd Woodall	Piedmont CSB	CSB	Henry Co., Martinsville	632-7128	twoodall@piedmontcsb.org
Kenneth Young	Central Va AAA	AAA	PDC 11	434-386-9070	KYoung@cva.com

'Type' Key:

AAA = Area Agency on Aging

CD = County Department

CIL = Center for Independent Living

CSB = Community Service Board

HS = Human Services Organization

JT = Job Training Center

MPO = Metropolitan Planning Organization

MTP = Medicare Transportation Provider

PT = Public Transportation Provider (RPT = Rural)

R = Research Organization

SD = Statewide Department

2nd Workshop – PDC 11

Name	Organization	County/PDC	Phone	E-mail
Ellen Edinger	Lynchburg Social Services	City of Lynchburg	434-455-5745	Ellen.Edinger@lynchburgva.gov
Jennaia Trapp-Tobler	Lynchburg Social Services-Employment Services Unit	City of Lynchburg	434-455-5623	Jennaia.Trapp-Tobler@lynchburgva.gov
Cindy Merrill	DSS-Employment Services	City of Lynchburg	434-455-5608	Cindy.Merrill@lynchburgva.gov
Bob White	Region 2000	Region 2000	434-845-3491	Bwhite@Region2000.org
Mike Daly	Dept. of Youth, Adult and Community Services	Campbell	434-332-9831	mfdaly@co.campbell.va.us
Connie Blackwell	The Arc of Central VA	City of Lynchburg	434-845-5944	cblackwell@arcofva.org
Miriam Torian	Alliance for Families & Children	Region 2000	434-845-5944	MiriamT@alliancecva.org
Mary-Winston Deacon	Alliance for Families & Children	Region 2000	434-845-2986 ext. 231	Marywd@alliancecva.org
Kenneth Young	Central VA Area Agency on Aging	Region 2000	434-385-9070	Kyoung@cvaaa.com
Neil Sherman	DRPT	State	804-786-1154	Neil.sherman@drpt.virginia.gov

3rd Workshop – PDC 11

Name	Organization	Type	County/PDC	Phone	E-mail
Cindy Merrill	Dept of Social Services – Employment Services	CD	Lynchburg	455-5608	Cindy.Merrill@lynchburgva.gov
Lyndon Huggins	Dept of Social Services – Employment Services	CD	Lynchburg	455-5609	Lyndon.Huggins@lynchburgva.gov
Connie Blackwell	The Arc of Central Virginia	HS	Lynchburg	845-4071	cblackwell@arcofcva.org

Name	Organization	Type	County/PDC	Phone	E-mail
Mary Winston Deacon	Alliance For Families and Children	HS	PDC 11	434-845-2986 ext 231	marywd@alliancecva.org
Scott Willis	Greater Lynchburg Transit Company (GLTC)	PT	Lynchburg	455-5085	Scott.Willis@lynchburgva.gov
Bob White	Region 2000	PDC	PDC 11	845-3491	bwhite@region2000.org
Ken Young	CVAAA	AAA	PDC 11	385-9070	kyoung@cvaaa.com
Phil Theisen	Lynchburg Area Center for Independent Living	CIL	PDC 11	528-4971	phil@lacil.org
Carmela Greer	Lynchburg Area Center for Independent Living	CIL	PDC 11	528-4971	carmela@lacil.org
Neil Sherman	DRPT	SD		804-786-1154	neil.sherman@drpt.virginia.gov

Appendix E – Demographics of Potentially Transit Dependent Persons

Region 2000 (PDC 11)

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510090101001	Amherst	21.8	585	1,348	61.9	223	73	248	17
510090101002	Amherst	36.4	556	1,281	35.1	279	121	166	42
510090101003	Amherst	67.1	473	918	13.7	236	68	95	13
510090101004	Amherst	142.4	790	1,517	10.7	305	97	178	31
510090102001	Amherst	40.2	707	1,957	48.7	295	89	308	34
510090102002	Amherst	8.3	1,084	3,191	385.1	713	304	397	141
510090102003	Amherst	63.0	819	1,987	31.5	320	116	189	48
510090103001	Amherst	34.7	1,000	2,478	71.3	413	136	118	18
510090103002	Amherst	5.8	320	858	148.9	139	89	41	12
510090104011	Amherst	5.8	886	2,005	348.4	368	141	210	83
510090104012	Amherst	6.4	442	1,079	167.4	116	63	134	15
510090104021	Amherst	3.9	904	2,246	570.7	419	195	138	67
510090104022	Amherst	1.6	396	924	561.1	238	69	87	9
510090105021	Amherst	1.7	193	1,105	657.8	192	58	95	27
510090105031	Amherst	0.6	347	803	1,451.9	166	104	92	61
510090105032	Amherst	5.4	768	1,724	319.3	462	161	264	41
510090105041	Amherst	3.7	1,147	2,846	765.3	484	216	142	26
510090105042	Amherst	0.5	433	827	1,613.6	209	50	45	34
510090106001	Amherst	15.4	616	1,610	104.9	196	185	223	16
510090106002	Amherst	10.4	492	1,190	114.2	223	87	68	14
510110401001	Appomattox	9.6	421	970	101.5	224	105	126	59
510110401002	Appomattox	15.3	523	1,161	76.0	253	159	182	58
510110401003	Appomattox	27.9	705	1,736	62.3	331	172	169	29
510110401004	Appomattox	0.6	365	853	1,430.9	235	61	89	22
510110401005	Appomattox	8.9	470	1,085	122.0	200	117	183	46
510110402001	Appomattox	35.5	443	1,000	28.2	213	120	167	34
510110402002	Appomattox	44.2	491	1,169	26.4	247	103	139	15
510110402003	Appomattox	44.7	664	1,593	35.6	298	146	130	30
510110403001	Appomattox	66.5	469	1,077	16.2	204	62	47	33
510110403002	Appomattox	14.4	310	781	54.2	126	76	92	40
510110403003	Appomattox	41.9	602	1,447	34.5	239	91	125	27
510110403004	Appomattox	24.3	365	833	34.3	186	67	98	24
510190301011	Bedford	29.8	490	1,111	37.3	192	82	77	27
510190301012	Bedford	4.4	683	1,677	376.9	257	51	23	10
510190301013	Bedford	10.6	914	2,479	234.9	220	136	192	64
510190301021	Bedford	3.9	444	1,098	281.0	172	55	17	7
510190301022	Bedford	7.0	1,267	2,991	424.4	534	140	128	40
510190301023	Bedford	4.6	1,089	2,653	577.5	273	51	44	18
510190301024	Bedford	1.1	569	1,455	1,344.6	130	23	68	8
510190302011	Bedford	15.8	541	1,446	91.5	229	48	76	17
510190302012	Bedford	13.0	396	976	75.2	190	82	72	30
510190302013	Bedford	17.2	1,159	3,301	192.0	312	123	140	10

Region 2000 (PDC 11)

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510190302021	Bedford	18.6	518	1,237	66.6	198	70	80	8
510190302022	Bedford	40.2	798	1,836	45.7	324	174	204	32
510190302023	Bedford	45.1	727	1,699	37.7	314	170	87	35
510190303001	Bedford	76.8	868	1,948	25.4	398	241	194	32
510190303002	Bedford	53.5	736	1,736	32.4	342	125	140	38
510190304011	Bedford	29.1	486	1,022	35.1	211	155	84	25
510190304012	Bedford	14.5	505	1,090	75.0	368	75	117	19
510190304013	Bedford	9.8	290	704	71.9	156	50	43	20
510190304021	Bedford	13.4	512	1,121	83.7	215	42	76	37
510190304022	Bedford	21.9	903	2,216	101.2	497	275	67	27
510190304023	Bedford	11.9	352	807	67.5	155	71	203	28
510190304024	Bedford	12.1	530	1,209	99.8	230	146	79	53
510190304025	Bedford	12.8	432	1,025	79.9	189	88	35	41
510190305011	Bedford	24.4	797	1,928	79.0	331	223	151	36
510190305012	Bedford	72.0	816	1,644	22.8	324	121	124	27
510190305021	Bedford	10.1	192	539	53.5	97	50	15	12
510190305022	Bedford	8.1	638	1,162	144.3	201	45	138	0
510190305023	Bedford	6.9	977	1,221	175.9	434	85	191	14
510190305024	Bedford	9.5	993	962	100.9	393	61	153	8
510190305025	Bedford	8.2	661	681	83.5	313	89	57	9
510190306011	Bedford	11.9	601	1,478	124.7	230	82	25	52
510190306012	Bedford	4.6	356	809	175.0	100	41	14	0
510190306013	Bedford	4.9	368	888	182.9	125	62	28	0
510190306021	Bedford	4.0	700	1,603	404.7	259	185	203	25
510190306022	Bedford	7.0	519	1,260	180.5	233	195	140	16
510190306023	Bedford	5.9	335	770	130.7	126	21	46	0
510190306031	Bedford	15.0	882	2,054	136.9	410	166	90	25
510190306032	Bedford	4.0	272	668	165.2	99	49	12	8
510190306041	Bedford	17.0	550	1,277	75.3	186	96	70	0
510190306042	Bedford	21.7	531	1,232	56.7	192	137	68	7
510190306051	Bedford	35.5	659	1,548	43.6	257	114	264	39
510190306052	Bedford	1.2	253	520	428.0	80	74	109	7
510190306053	Bedford	15.5	532	1,290	83.1	198	205	119	23
510310201001	Campbell	10.8	714	1,495	138.5	380	254	231	93
510310201002	Campbell	24.6	1,084	2,624	106.5	452	325	67	59
510310201003	Campbell	31.2	631	1,638	52.5	226	141	234	58
510310201004	Campbell	25.8	758	1,927	74.6	305	112	68	19
510310201005	Campbell	15.5	521	1,379	89.1	199	55	36	18
510310201006	Campbell	10.8	348	833	77.2	175	70	174	37
510310202001	Campbell	9.7	493	1,126	115.6	173	85	76	26
510310202002	Campbell	4.5	427	1,007	222.1	195	74	121	9
510310202003	Campbell	5.4	358	803	148.0	174	68	28	37
510310202004	Campbell	3.1	483	1,122	360.1	141	97	108	35
510310203001	Campbell	0.5	423	1,098	2,360.2	197	49	40	7
510411002074	Campbell	0.8	589	1,638	1,935.2	103	102	62	8
510411002075	Campbell	1.3	625	1,424	1,093.6	175	230	113	31

Region 2000 (PDC 11)

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510411002081	Campbell	0.9	443	1,163	1,283.7	178	27	63	13
510411002082	Campbell	0.6	370	1,041	1,769.7	125	62	0	5
510411002083	Campbell	0.2	215	509	2,849.2	114	38	52	0
510411003001	Campbell	1.6	686	1,625	993.4	242	248	287	82
510310203002	Campbell	1.5	1,281	2,939	1,929.3	711	125	115	30
510310204001	Campbell	2.5	1,043	2,118	859.1	379	87	342	36
510310204002	Campbell	1.5	895	1,909	1,299.6	390	158	151	30
510310204003	Campbell	2.3	1,202	2,810	1,246.1	408	143	133	16
510310204004	Campbell	4.6	1,526	3,684	798.5	419	125	258	100
510310204005	Campbell	5.8	282	650	113.0	129	30	29	9
510310204006	Campbell	12.6	409	913	72.2	157	68	138	24
510310205001	Campbell	8.8	617	1,474	168.1	213	122	149	60
510310205002	Campbell	20.2	903	2,148	106.6	345	171	372	40
510310205003	Campbell	27.4	714	1,774	64.7	272	84	128	62
510310205004	Campbell	4.2	486	1,047	247.9	139	96	194	12
510310206001	Campbell	32.0	685	1,588	49.6	337	127	149	24
510310206002	Campbell	21.6	625	1,445	66.9	280	175	159	49
510310206003	Campbell	18.5	433	1,004	54.2	181	146	59	40
510310207001	Campbell	1.7	495	1,093	646.9	296	88	24	17
510310207002	Campbell	1.0	577	1,058	1,108.0	271	179	283	135
510310207003	Campbell	2.5	579	1,282	517.2	354	90	143	72
510310208001	Campbell	33.5	444	1,016	30.4	212	109	51	11
510310208002	Campbell	46.5	582	1,323	28.4	304	125	339	12
510310208003	Campbell	17.3	241	583	33.7	115	36	136	37
510310209001	Campbell	58.2	582	1,367	23.5	273	55	216	16
510310209002	Campbell	32.0	628	1,455	45.4	295	192	343	49
510310209003	Campbell	3.6	268	601	168.1	181	72	102	50
510310209004	Campbell	2.7	351	745	276.4	194	54	133	32
515150501001	Bedford City	1.1	457	1,224	1,101.0	259	80	132	42
515150501002	Bedford City	1.4	532	1,222	895.1	437	102	103	24
515150501003	Bedford City	0.9	350	854	921.7	314	89	96	29
515150501004	Bedford City	2.0	773	1,647	827.7	394	189	533	181
515150501005	Bedford City	1.5	590	1,352	904.5	312	148	296	112
516800001001	Lynchburg city	1.6	801	1,669	1,072.1	704	60	76	91
516800001002	Lynchburg city	0.7	680	1,729	2,369.2	218	111	276	68
516800001003	Lynchburg city	1.7	513	1,401	821.4	286	71	24	0
516800002011	Lynchburg city	0.9	374	945	1,041.8	292	13	0	10
516800002012	Lynchburg city	1.6	1,253	2,721	1,709.1	755	128	140	42
516800002013	Lynchburg city	2.2	377	955	425.3	127	91	48	12
516800002014	Lynchburg city	1.5	81	238	160.2	23	6	12	0

Region 2000 (PDC 11)

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

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516800002015	Lynchburg city	1.6	120	316	198.9	40	32	0	0
516800002016	Lynchburg city	1.6	22	43	26.6	14	17	22	4
516800002021	Lynchburg city	1.4	818	1,773	1,309.9	441	98	168	67
516800002022	Lynchburg city	1.2	1,394	2,970	2,416.2	406	281	285	92
516800002023	Lynchburg city	0.9	550	1,244	1,441.8	237	104	377	138
516800002031	Lynchburg city	0.2	25	994	6,616.8	8	28	46	8
516800003001	Lynchburg city	1.3	1,000	1,994	1,493.4	509	90	177	100
516800003002	Lynchburg city	1.0	937	2,072	1,990.2	746	190	447	271
516800004001	Lynchburg city	0.8	1,034	2,187	2,848.6	534	366	675	311
516800004002	Lynchburg city	0.5	548	1,226	2,584.0	210	101	298	152
516800005001	Lynchburg city	0.2	203	288	1,194.8	70	49	150	136
516800006001	Lynchburg city	0.2	254	427	1,939.7	85	40	139	13
516800006002	Lynchburg city	0.2	518	1,069	5,033.5	180	188	514	206
516800006003	Lynchburg city	0.2	507	1,443	8,061.3	176	98	362	165
516800006004	Lynchburg city	0.1	159	299	2,162.0	52	27	53	42
516800007001	Lynchburg city	0.4	359	774	1,856.9	130	50	268	87
516800007002	Lynchburg city	0.5	917	2,025	4,439.6	353	145	560	208
516800007003	Lynchburg city	0.5	448	966	1,808.0	193	116	223	81
516800008011	Lynchburg city	0.7	1,031	2,340	3,297.3	373	177	396	102
516800008021	Lynchburg city	0.6	543	854	1,512.9	147	83	81	37
516800008022	Lynchburg city	0.3	422	925	2,744.8	170	168	112	24
516800008023	Lynchburg city	0.3	531	1,123	3,414.0	237	121	76	6
516800009001	Lynchburg city	2.0	1,221	2,445	1,209.6	199	233	519	117
516800009002	Lynchburg city	0.5	669	1,339	2,494.5	498	209	167	210
516800009003	Lynchburg city	0.4	411	884	2,272.5	349	70	65	14
516800009004	Lynchburg city	0.7	397	883	1,211.5	283	62	146	48
516800010001	Lynchburg city	0.5	770	1,500	2,920.3	382	165	151	93
516800010002	Lynchburg city	0.2	379	799	3,490.0	206	92	172	33

Region 2000 (PDC 11)

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
516800010003	Lynchburg city	0.2	302	688	3,784.7	135	71	11	20
516800011001	Lynchburg city	0.5	771	1,846	3,867.9	537	297	347	182
516800012001	Lynchburg city	0.7	500	1,148	1,745.9	177	110	224	121
516800013001	Lynchburg city	0.1	92	214	3,023.4	37	32	59	20
516800013002	Lynchburg city	1.2	1,095	2,302	1,959.2	512	244	268	133
516800013003	Lynchburg city	0.8	441	1,010	1,276.2	87	84	574	186
516800013004	Lynchburg city	3.1	296	672	214.5	136	59	42	20
516800014001	Lynchburg city	1.3	42	3,229	2,502.3	157	113	43	0
516800014002	Lynchburg city	3.6	87	166	46.3	44	5	0	13
516800016001	Lynchburg city	1.8	1,100	2,587	1,404.3	430	167	180	53
516800016002	Lynchburg city	1.9	1,002	2,331	1,253.1	511	210	187	26
516800017001	Lynchburg city	0.6	336	767	1,356.1	268	40	12	0
516800017002	Lynchburg city	2.1	741	1,983	958.0	263	121	134	14
516800018001	Lynchburg city	1.1	189	476	433.3	40	13	37	9
516800018002	Lynchburg city	1.2	380	990	832.0	232	89	20	14
		2,129.6	100,985	236,016	149,326.7	44,770	19,112	25,477	7,787

Appendix F – Statement of Participation

Requested Action

In order to meet the spirit and intent of the SAFETEA-LU legislation and the *Final FTA Guidance on Coordinated Planning Requirements*, workshop participants representing the 21 PDCs are requested to affirm that they have been involved in the coordinated planning process for their region and endorse the output of that involvement, as captured by their local CHSM Plan.

Statement of Participation

As a participant and/or stakeholder in the coordinated planning process in the Commonwealth of Virginia for human service and public transportation, I have been invited to participate and provide input into the CHSM Plan for my region. I acknowledge that this CHSM Plan is a legitimate representation of my region's needs, gaps, strategies, and potential projects that will support future funding applications under the Section 5310, S. 5316, and S. 5317 Programs.

Participating Agency (Please sign your Agency Name only)

- Alliance For Families and Children
- The Arc of Central Virginia
- Lynchburg Area Center for Independent Living
- Central VA Area Agency on Aging Inc.
- Lynchburg Department of Social Services: Employment Services
- Greater Lynchburg Transit Company